

HEALTH PLAN FOR INDIGENOUS YOUTH IN LATIN AMERICA AND THE CARIBBEAN



Pan American
Health
Organization



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Americas

FILAC



FONDO PARA EL DESARROLLO
DE LOS PUEBLOS INDÍGENAS DE
AMÉRICA LATINA Y EL CARIBE





**HEALTH PLAN FOR INDIGENOUS
YOUTH IN LATIN AMERICA
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I. Introduction

This Health Plan for Indigenous Youth is a product of PAHO's support for the creation of opportunities for dialogue and social participation in health-related actions that benefit indigenous youth in Latin America and the Caribbean.

A group of indigenous youth from throughout the Region came together and collectively analyzed the achievements to date and the challenges that lie ahead 10 years after adoption of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The meeting was organized at the initiative of the PAHO/WHO Family, Gender, and Life Course Department, through its programs on ethnicity and adolescent health, and in collaboration with the PAHO/WHO Office in Brazil; the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean

(FILAC); the Indigenous Youth Network for Latin America and the Caribbean; and Brazil's Indigenous Youth Network (REJUIND).

During the meeting, which took place in Brasilia on 10-12 April 2017, representatives of networks of indigenous youth from Latin America and the Caribbean identified priorities for health and reached consensus on a proposed health plan for the indigenous youth of the Region from their own perspectives. The meeting was attended by indigenous youth from Bolivia, Brazil, Colombia, El Salvador, Guatemala, Guyana, Mexico, Nicaragua, Peru, Panama, Suriname, and Uruguay.



II. Brief Background on the Normative Framework of the Right to Health for Indigenous Youth

Both the United Nations (UN) and the Inter-American System of Human Rights have an extensive body of normative instruments that provide the basis for protection of the right to health for indigenous youth. UNDRIP protects the right for indigenous people to enjoy the highest possible level of physical and mental health, to have access to their traditional medicines, and to maintain their health practices.¹

The International Convention on the Elimination of All Forms of Racial Discrimination guarantees all people the right to public health and medical care regardless of ethnic origin.² Furthermore,

the International Labor Organization's Convention 169 on Indigenous and Tribal Populations in Independent Countries establishes that health services shall be planned and administered in cooperation with the peoples concerned and take into account their economic, geographic, social, and cultural conditions as well as their traditional preventive care, healing practices, and medicines.³ With regard to youth and their right to health, the Ibero-American Convention on the Rights of Youth protects the right of youth to comprehensive health care, including free primary health care and specialized care for youth.⁴

1) United Nations Declaration on the Rights of Indigenous Peoples, Article 24.

2) International Convention on the Elimination of All Forms of Racial Discrimination, Article 5.

3) ILO Convention 169, Art. 25.

4) Ibero-American Convention on the Rights of Youth, Article 25.

It should be noted that the Committee on the Rights of the Child (CRC), citing the obligations contained in the Convention on the Rights of the Child, has emphasized that measures need to be taken to ensure systematic data collection in order to monitor the health and development of adolescents. Mindful of the situation of youth, the Committee urged that mechanisms be created to ensure that the data collected are disaggregated by sex, age, origin, and socioeconomic status so that their health situation can be monitored according to these criteria.⁵

The CRC has also declared that, in order to guarantee the right to health for children and adolescents in general,

health-related services and programs for these age groups should meet the criteria of availability, accessibility, acceptability, and quality. It is therefore relevant to mention the importance of acceptability with respect to indigenous youth, since acceptability implies ensuring that facilities and services take into account and respect their needs, expectations, and culture.⁶ Furthermore, there is worldwide consensus—seen, for example, in the commitments to sustainable development assumed under Agenda 2030 of the United Nations—that health is a priority and no one can be left behind.⁷

5) CRC General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child. United Nations Document CRC/GC/2003/4, paragraph 13.

6) CRC General Comment No. 15 (2013): The Right of the Child to the Enjoyment of the Highest Attainable Standard of Health (Article 24), paragraph 115.

7) Sustainable Development Goal 3 – “Ensure healthy lives and promote well-being for all at all ages,” and, in particular, its Target 8: “Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.” <https://sustainabledevelopment.un.org/sdg>

III. Priority Areas of Health Identified by Indigenous Youth⁸

Intercultural Health Services and Lack of Access

In keeping with the cultural principles of well-being and harmony with nature, indigenous youth tend to regard health from a holistic perspective. This view of health incorporates the mental, physical, spiritual, and emotional health of human beings, all in the context of their relationship with nature. For indigenous youth, health is experienced with all beings that constitute the community of life.⁹

Access to Services and Migration

The indigenous youth cited the lack of health services in indigenous territories and communities as a direct reason for the phenomenon of migration to urban areas. Mortality data reflect a lack of access to basic health services. They also noted with concern the lack of statistical data on access to health services by indigenous youth.¹⁰

8) In preparing the present health plan, the indigenous youth took into account the Perspective Report on Indigenous Youth 10 Years after Adoption of the United Nations Declaration on the Rights of Indigenous People [*Informe Perspectiva de jóvenes indígenas a los 10 años de la adopción de la Declaración de Naciones Unidas sobre los Derechos de los Pueblos Indígenas*] (2017), organized by Q'apaj Conde on behalf of the Fund for the Development of Indigenous peoples of Latin America and the Caribbean, and the Indigenous Youth Network for Latin America and the Caribbean.

9) This view of health and life is a departure from the biology-centered view in that it includes rivers, mountains, stones, stars, and other geographic features as living members of the community. In the Andean Aymara world, this broad view of community health is called *suma qamaña*. See David Choquehuanca's 25 Postulates for Understanding "Living Well" [*25 postulados para entender el "Vivir Bien"*] from: www.rebellion.org/noticia.php?id=100068

10) According to Del Popolo, *supra*, regarding evidence on the absence of disaggregated data on health and indigenous people, the only information that can be obtained from the population censuses on the health situation of youth by their ethnic status is mortality data on the children of young mothers. p. 96





Indigenous
youth REFFirm
the value of
traditional
Medicine

LOS Jóvenes
Indígenas
REAFIRMAMOS El
valor de la Medicina
tradicional



Intercultural Approach to Sexual and Reproductive Health

The indigenous youth noted with concern the absence of an intercultural perspective in the health services, especially in the area of sexual and reproductive rights. They also identified traditional practices that are harmful to the physical and mental health of girls and young women. The absence of an intercultural perspective leads to early pregnancies and the risk of contracting sexually transmitted diseases. The indigenous youth consider it a priority to conduct interventions that guarantee their sexual and reproductive rights within the framework of an open intercultural approach and equality.

Traditional Medicine

The indigenous youth reaffirmed the valuable role of traditional medicine within the right to comprehensive health. They noted that traditional medicine has been undermined, on the one hand

by lack of recognition, and, on the other hand, by misguided appropriation by third parties. They therefore consider it essential to design interventions aimed at building capacity in traditional medicine and promoting its integration into health services, while at the same time taking adequate steps to prevent its misguided appropriation.

Mental Health

The indigenous youth noted a close link between mental health and the high vulnerability of children, adolescents, and youth as a result of discrimination, poverty, ostracization from the mainstream, and identity crises. Discrimination against indigenous youth can lead to a chain of stressful life events, such as loss of freedom, rejection, stigmatization, and violence, which can end in suicidal behavior. The indigenous youth noted that loss of their indigenous identity and disparagement of their culture by others

can often lead to feelings of humiliation and, ultimately, suicide. To compound these problems, the information available on the mental health of indigenous youth is scarce and fragmented. They therefore believe it is of the utmost priority to develop an evidence-based health plan for indigenous youth with culturally appropriate prevention measures for improving mental health.

Indigenous Youth with Disabilities

The indigenous youth cited the absence of data as a cause for concern. They recognize that disability can be a target for discrimination—yet another form of discrimination that indigenous youth may have to face. Thus, they noted with concern that there are no data on young people living with disabilities, nor any specific policies for this population.

Violence and Human Security

Violence, whether collective, interpersonal,

or self-inflicted, is a health problem for indigenous youth that calls for an approach that focuses on human safety. Continuous and chronic violence has a significant impact on physical and mental health. Violence against indigenous girls and women, in particular, has direct and indirect consequences not only for the victim but also for communities. Other forms of violence include the effects of stigma and discrimination against LGBTI indigenous youth, as well as sexual violence and assaults that occur in connection with mass population movements.

Effective Participation

The indigenous youth reaffirmed the need to ensure their inclusion in consultation processes and requested that they be guaranteed the right to free, prior, and informed consent. They also asked to be allowed to benefit from the genetic resources derived from use of the resources of their peoples. In addition, they



reiterated their request for assurance that they would be participating actively in the preparation and decision-making processes related to health plans and programs that concern them, and that they would be administering those programs through their own institutions whenever possible.



**Priority Lines of Action and Recommendations
by Indigenous Youth**



1 FIRST LINE OF ACTION: GATHERING OF EVIDENCE TO SUPPORT HEALTH PROPOSALS

OBJECTIVE	OUTCOMES	
<p>Improve the comprehensive management of information on the health of indigenous youth and its determinants with a view to supporting evidence-based policy-making</p>	<p>Ethnic and age variables incorporated into health information systems at all levels of care in the countries of the Region</p>	
	<p>National observatories established to collect quantitative and qualitative information</p>	
	<p>Health profiles or analytical documents collected on the health status of indigenous youth, especially on early pregnancy and on suicide and other mental health problems</p>	
	<p>Online information available on the health status of indigenous youth in the Americas and its social determinants</p>	

1 FIRST LINE OF ACTION: GATHERING OF EVIDENCE TO SUPPORT HEALTH PROPOSALS

ACTIVITIES/RECOMMENDATIONS

Propose inclusion of the ethnic variable, disaggregated by age, in the information and statistical systems of ministries of health (or country equivalent) and other ministries

Guarantee mechanisms for the effective participation of indigenous peoples in the entire process of data collection and processing, including administration of the data by indigenous peoples themselves

Establish recommendations based on the studies identified

Conduct a study on suicide in indigenous youth as a major effect of discrimination, with the inclusion of statistical data (numbers, percentages, etc.)

Conduct a study on exercise of the right to sexual and reproductive health by indigenous youth

As follow-up to the studies, add recommendations, provide for monitoring and other activities, and indicate targets for resolving similar problems

Develop regional coordination processes with indigenous groups to ensure free, prior, and informed consent

2 SECOND LINE OF ACTION: INTERCULTURAL COMPETENCY

OBJECTIVE	OUTCOMES	
Contribute to the implementation of health care with cultural relevance for indigenous youth	Programs for sensitizing and training health personnel who work with indigenous youth	
	A good practice platform for building capacity and competency in health personnel who work with indigenous youth	
	Experience-sharing program in place	
Strengthen the capacity of professionals, including indigenous professionals, to empower the indigenous youth with whom they work	Indigenous professionals who work with indigenous youth trained and recognized	
Create intercultural health systems that respect and promote traditional knowledge	Health care with cultural relevance	

2 SECOND LINE OF ACTION: INTERCULTURAL COMPETENCY

PLANNED/RECOMMENDED ACTIVITIES

- Develop a model curriculum for sensitizing health personnel who work with indigenous youth
- Develop a model curriculum for training health personnel who work with indigenous youth
- Develop sensitization mechanisms to strengthen health care practices for indigenous youth
- Urge countries to implement sensitization and training activities for health personnel who work with indigenous youth
- Develop tools/guidelines for the identification of good practices
- Identify good practices in each country
- Standardize the good practices
- Promote the sharing of experiences and traditional knowledge among countries
- Carry out experiences exchange for capacity building with respect to health workers working with indigenous youth, respecting their social and cultural organization
- Establish mechanisms for evaluating/monitoring the program with the active participation of indigenous people
- Develop information, education, awareness, and communication campaigns related to the health for indigenous health professionals who work with indigenous youth
- Train health statistics teams to recognize the identity of indigenous people in censuses, national surveys, etc.
- Promote sharing of experiences and traditional knowledge at local, country, and subregional levels
- Develop model protocols for health workers who provide care, based on recognition and respect for indigenous peoples and nondiscrimination
- Prepare and implement pilot projects on the cultural adaptation of health care

3 THIRD LINE OF ACTION: POLITICAL ACTION

OBJECTIVE	OUTCOMES	
Mobilize technical and financial resources to implement the activities recommended in this health plan	Intercultural health policies, programs, and plans that respond to the needs of indigenous youth	
Establish coordination between indigenous peoples and national and international science and technology organizations on the management of research and social innovation projects for indigenous youth	Sectoral action to promote the articulation of traditional health-related indigenous knowledge	
	Intersectoral actions implemented to promote the recognition of traditional health-related indigenous knowledge	
Strengthen the participation of indigenous youth in dialogue and decision-making opportunities and activities for monitoring the health of indigenous youth	Advisory committee to monitor coordination between the Indigenous Youth Network for Latin America and the Caribbean and the Pan American Health Organization	

3 THIRD LINE OF ACTION: POLITICAL ACTION

PLANNED ACTIVITIES

Develop intercultural health policies, programs, and plans that respond to the needs of indigenous youth. The process should be carried out with respect for cultural and gender diversity and with the full and effective participation of indigenous youth

Create an awareness-raising and socialization strategy to promote the action plan for indigenous youth and other initiatives carried out with the participation of indigenous youth

Continue strategies that ensure the political engagement of indigenous youth in the development of health policies, programs, and plans

Create opportunities for the exchange of knowledge about traditional medicine and official/Western medicine

Create strategies for the implementation of health services with cultural relevance for indigenous youth in all public, private, armed forces, and social security institutions that provide health services, as appropriate

Facilitate intersectoral action to promote the recognition of traditional indigenous health-related knowledge

Facilitate encounters between indigenous youth organizations and government institutions concerned with health and youth to discuss proposals for (a) public policy, (b) legal reforms, (c) the reform or creation of institutions

Monitor and review the Regional Health Plan for Indigenous Youth every three years

Build capacity in the Indigenous Youth Network for Latin America and the Caribbean for sharing information on the content of the Plan and on health-related realities

Design a virtual platform for dialogue

4

FOURTH LINE OF ACTION: SOCIOCULTURAL PARTICIPATION

OBJECTIVE	OUTCOMES	
Strengthen the organized social participation of indigenous youth in the definition of policies, strategies, and action	Policies, strategies, and actions with specific mechanisms for the inclusion of indigenous youth	
	Social oversight entities ensure implementation of public policies to improve indigenous health with the support of ministries of health	
Contribute to the development and strengthening of strategic partnerships for implementation of the Plan	Integration plan implemented to address the health of indigenous youth	
	Regional platform for coordinating with indigenous youth	
Facilitate the social and participatory integration of children, youth, older adults, women, and LGBTI persons in the development of universal health systems, considering culturally diversity	Quality-assured health programs with respect for cultural diversity	
Promote and ensure the participation of indigenous women and girls in decision-making	Leadership- and capacity-building activities under way to promote individual and collective empowerment	

4 FOURTH LINE OF ACTION: SOCIOCULTURAL PARTICIPATION

PLANNED ACTIVITIES /RECOMMENDATIONS

Define mechanisms for the inclusion of indigenous youth in health policies, strategies, and actions

Urge countries to promote participation of representatives from ministries of health at events convened by indigenous organizations on decision-making related to the implementation of health policies and vice versa

Promote the full and effective participation of indigenous youth in the development of a policy strategy to be executed by PAHO as a line of integration

Hold working meetings to learn, in particular, about diagnostic analyses of progress in the health of indigenous youth

Create community health councils that represent all members of the community

Ensure the participation of indigenous youth and their ethnic diversity in public decision-making councils

Involve indigenous women and girls, as well as their organizations, in policy-making

Build the capacity of indigenous women and girls and initiate training programs for execution of the Health Plan for Indigenous Youth

Create opportunities for intergenerational exchange

5 FIFTH LINE OF ACTION: INTEGRATION OF TRADITIONAL AND COMPLEMENTARY MEDICINE

OBJECTIVE	OUTCOMES	
Harmonize traditional indigenous health knowledge and practices with western health	Assessment of current status of use of traditional indigenous health practices and knowledge	
	Good practices on the harmonization of health-related knowledge and practices in Latin America and the Caribbean standardized and published	
	Legislation to protect the intellectual property rights of indigenous peoples with respect to their traditional medicine	
	Local protocols created within the communities to allow third parties to access traditional medicine	
	Local/community platform for regulating the use of traditional medicine, taking into account the rights of indigenous people	
Promote capacity-building for indigenous professionals who practice traditional medicine	Status of traditional indigenous health professionals (shamans, midwives, etc.) recognized and regularized	
	Networks of young and old traditional practitioners established to preserve traditional wisdom	
	Poor practices in the application of traditional indigenous medicine reported and recorded	
	Ongoing activities, in coordination with PAHO, to emphasize the importance of using and respecting traditional medicine	

5 FIFTH LINE OF ACTION: INTEGRATION OF TRADITIONAL AND COMPLEMENTARY MEDICINE

PLANNED/RECOMMENDATIONS ACTIVITIES

Form strategic partnerships between indigenous youth organizations in Latin America and the Caribbean to make recommendations and proposals for harmonizing health-related traditional indigenous knowledge

Create opportunities to exchange knowledge on traditional medicine and Western medicine

Encourage Member States to enact legislation to protect the intellectual property rights of indigenous peoples to their traditional medicine

Urge Member States to support the preparation of local protocols in coordination with indigenous groups

Share good practices among countries and promote their adoption by all countries

Support countries in the development of community platforms

Produce materials to guide the development of community knowledge management platforms

Create ongoing opportunities for indigenous youth to accompany the implementation of health actions for indigenous youth

Organize exchange of experiences and sensitivity training for health professionals, health institutions in the countries, and indigenous youth on the subject of indigenous health

Standardize good practices regarding the recognition of traditional wisdom on health in Latin America and Caribbean countries

Organize exchange of experiences among traditional indigenous health professionals from different indigenous groups in Latin America and Caribbean

Convene an intergenerational meeting on traditional indigenous health in Latin America and the Caribbean

Conduct sensitization campaigns to raise awareness of practices that are in violation of customary laws on the use of traditional indigenous medicine

Conduct information campaigns in schools, ministries of health, international agencies, and the general population using community radio and new technology, among other media

Promote exchanges between PAHO and indigenous youth to share information about the Organization's mandate and activities in the area of traditional medicine

6 SIXTH LINE OF ACTION: SEXUAL AND REPRODUCTIVE RIGHTS FOR INDIGENOUS YOUTH

OBJECTIVE	OUTCOMES	
<p>Develop an appropriate response to meeting the specific needs of indigenous youth with regard to their sexual and reproductive rights</p>	<p>Promotion of intercultural dialogues on harmonizing Western and traditional knowledge regarding sexual and reproductive rights</p>	<p></p>
	<p>Mechanisms in place to uphold the sexual and reproductive health rights of indigenous youth</p>	<p></p>

6 SIXTH LINE OF ACTION: SEXUAL AND REPRODUCTIVE RIGHTS FOR INDIGENOUS YOUTH

PLANNED/RECOMMENDED ACTIVITIES

Offer training opportunities for families, communities, and youth in particular, including traditional authority

Disseminate informational materials in accessible language, directed toward youth, families, and communities

Provide training for health professionals on culturally relevant aspects of sexual and reproductive rights, including training offered by traditional indigenous practitioners and indigenous youth

Create intersectoral opportunities for dialogue on protecting the sexual and reproductive rights of indigenous youth

Make specific recommendations on the prevention of early pregnancy

Formulate strategies to address factors directly and indirectly related to early pregnancy

Formulate strategies using a collective approach that involves indigenous youth, their families, and the community

Empower indigenous youth within their communities to take a stand against negative human rights practices that interfere with the full enjoyment of their sexual and reproductive health

Urge Member States to adopt measures for the comprehensive protection of indigenous women and children against any form of violence or sexual exploitation either within or outside their communities









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