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HEALTH OF INDIGENOUS POPULATIONS

In 1992 the Subcommittee on Planning and Programming of the Pan American Health Organization, concerned about growing evidence of inequities in health status and access to basic health care for the indigenous peoples of the Region of the Americas, initiated a process of consultation to determine what PAHO and its Member States should do. Based upon recommendations from a regional workshop held in Winnipeg, Canada, in 1993, a document was presented to the Governing Bodies of the Organization and CD37.R5 was adopted by the XXXVII Meeting of the Directing Council (1995).

Since 1993 the implementation of the Health of the Indigenous Peoples Initiative has included five areas of work: building capacity and alliances; national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical, and public information. A phased-in approach has been used for countries and the response has been varied. Eighteen regional programs have concrete activities including documents, regular and extrabudgetary funded projects, international meetings, and research projects. The mobilization of extrabudgetary funds has been a slow process, and it has been difficult to track the interprogrammatic, interagency efforts. Systematic indigenous representation at the regional and country levels is an ongoing challenge.

The Subcommittee is asked to review the progress through 1996 and to provide guidance for future efforts by PAHO. The Subcommittee is requested to comment on the technical cooperation planned for 1997-1998 and to determine whether this satisfies the mandate of Resolution CD37.R5 and contributes to the goals of the Decade of the World‘s Indigenous Peoples.

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Introduction

Reliable epidemiological data on health and illness of the 43 million or more indigenous population of the Region of the Americas are not uniformly available. However, anecdotal information and a variety of studies support the need for renewed efforts to address the serious and pervasive inequities that exist in health status and health service coverage.

- mortality is 3.5 times higher for indigenous infants in Panama (Amaris et al., 1992);

- 20% of indigenous infants in Bolivia die before a year of age and 14% of the survivors die before reaching school-age (Asongs, 1986 in Cenda, 1993);

- national infant mortality in Chile was 17.1 per 1000 live births compared to 20.6 in indigenous communities (UFRO, 1988);

- mortality associated with diabetes was 166% higher for Native Americans (United States Indian Health Service, 1996);

- infant mortality in Peru was 1691000 live births compared to 269 for indigenous populations (Masferrer, 1983);

- the 1990 age-standardized rate of death from accidents and violence for indigenous people is 81 per 100,000 population compared to 46 per 100,000 for the Canadian population (Minister of National Health and Welfare, 1992);

- Mayan school-age children in Belize showed the greatest growth retardation among ethnic groups (Government of Belize et al., 1996);

- in Honduras life expectancy for indigenous men is 36 compared to 65 for all men and 43 for indigenous women compared to 70 for all women (Rivas, 1993);

- in Mexico, mortality among indigenous preschool children is 12.8% as compared to 4.8% at the national level (Instituto Nacional Indigenista, 1993);

- in Guatemala, the maternal mortality rate of the indigenous population is 83% more than the national rate (Velásquez, 1994).

Countries throughout the Region are seeking new approaches to service delivery and innovative solutions to health problems for addressing the needs of these vulnerable groups. The problems reflected in this overall situation are intensified by the fact that there are more than 400 different ethnic groups in the Region, with a rich diversity of languages, customs, and beliefs, and this heterogeneity precludes the use of common approaches and interventions. However, a cosmovision which emphasizes an integral view of health for individuals, and a focus on community and societal norms to protect biodiversity have sustained these peoples over centuries of oppression.

In 1992 the Subcommittee on Planning and Programming proposed a more careful

consideration of the health and well being of the indigenous peoples in the Americas. Thus, in 1993, when the world celebrated the Year of the Indigenous Peoples, the Pan American Health Organization embarked on a joint venture with indigenous peoples to consider how PAHO should respond. Following a consultation workshop held in Winnipeg, Canada, with the participation of representatives of indigenous populations and governments and others from 18 countries, recommendations were incorporated into a proposal, the Health of Indigenous Peoples Initiative, which was subsequently presented to the Governing Bodies of the Organization and approved at the XXXVII Meeting of the Directing Council (1995).

At the global level, in 1996, the World Health Assembly adopted Resolution WHA49.26 on Implementing the Decade of the World=s Indigenous Peoples, and the UN Working Group on Indigenous Populations, at its 14th session, included health as an agenda item. In both cases work under way in the Region of the Americas was acknowledged as having made progress in raising awareness about inequities in health status and access to care.

Resolution CD35.R5

The recommendations of Winnipeg and Resolution CD37.R5 establish five principles for work with indigenous communities; these principles guide the work, provide criteria for monitoring, and establish the basis for evaluation at the end of the Decade in 2004. They 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.

Resolution CD37.R5 provides the framework for the efforts of PAHO and its Member States, in collaboration with the indigenous peoples themselves, to find realistic and sustainable solutions to the serious problems of poor health and substandard living conditions that are the reality of many of the indigenous peoples throughout the Region. Member States agreed to establish technical commissions with indigenous representation, strengthen capacity of national and local institutions responsible for indigenous health, and implement intersectoral actions in health and environment in collaboration with indigenous organizations. For health systems and services, States proposed to develop alternative models of care including traditional medicine, and to develop disease prevention and health promotion programs for high priority problems.

PAHO, within the limits of available resources, was directed to promote the participation of indigenous persons and their communities, to mobilize additional resources for implementation and evaluation of the Initiative, and to coordinate the regional effort. Promoting collaborative research on high priority health issues and expanding the evaluation of living conditions and the health situation were also identified as key areas for concentrated efforts.

In 1994, participants in subregional workshops held in Santa Cruz, Bolivia, and Quetzaltenango, Guatemala, ratified the principles agreed to in Winnipeg and the goals of Resolution CD37.R5. By 1995, a Plan of Action had been established with the objective of ensuring that the political will expressed by the Member States in Resolution CD37.R5 was translated into concrete and sustainable action.

The goal of Resolution CD37.R5 is to support the indigenous peoples, governments, and other institutions committed to improve the health and living conditions of the indigenous peoples of the Americas through systematic and sustainable efforts, guided by the principles of the Indigenous Peoples and Health Workshop (Winnipeg, 1993) and, in so doing, to promote processes that lead to an improvement in the health and living conditions of all the peoples of the Region.

The purpose is to contribute effectively and efficiently to efforts by the countries and peoples of the Region to bring about an improvement in the health of indigenous peoples. This is to be accomplished through the identification, mobilization, and integration of appropriate resources, which will be used to activate, promote, support, and develop consensus-based and collaborative processes in the spirit of the Indigenous Peoples' Health Initiative.

Progress Implementation through 1996

Work to date has been concentrated in the following five areas: building capacity and alliances; national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical, and public information.

The first area of work, building capacity and alliances, was the primary focus prior to developing the Plan of Action in 1995 and continues to be important as changes that need to be made in the Plan are identified on the basis of lessons learned in the first three years. Subregional workshops provided training, and promotion efforts identified key people in PAHO offices, in Ministries of Health, and in indigenous organizations who would be responsible for the implementation of Resolution CD37.R5. Alliances have been developed with international agencies, organizations and technical institutes. Table 1 provides a summary of the most important results of this effort.

Table 1. Building Capacity and Alliances

Building Capacity

Subregional Workshops held in 1994 provided information about the Initiative and brought together PAHO staff, national counterparts and indigenous leaders to begin implementation. As of December 1996, 23 regional programs, 24 country offices and 17 Member States had designated someone to be responsible for the Initiative. In 1995 a work group prepared the Action Plan 1995-1998 and PAHO staff developed a work plan for 1995-1996, identifying the technical cooperation to be provided by PAHO.

Alliances with International Indigenous Organizations

PAHO provided a grant to the International Indigenous Institute for a document on ethnic groups in the Americas. More is now known more about the 400 different ethnic groups in the Region. In 1995 PAHO signed a two-year agreement with the Indigenous Parliament of the Americas, forming the basis for an area of work in setting national policy and advocacy for indigenous health. By the end of 1996 the Indigenous Parliament had joined three other regional parliaments (Andean, Latin American, and Amazon) to work on common issues, including national policy and budgets for indigenous health and the regulation of traditional medicine.

Alliances with Banks and Other United Nations Agencies

PAHO maintains close working relations with persons responsible for work on indigenous peoples' rights. Negotiations continue for funding to PAHO or to the countries for projects being developed. Representatives of the UN agencies meet yearly in conjunction with the UN Commission on Human Rights Work Group on Indigenous Populations. A common area of work for most of the agencies is indigenous knowledge. A number of joint activities have taken place.

Alliances with Institutions in Countries

PAHO continues to maintain close working relations with the Canadian Society for International Health for advocacy and fund-raising purposes. The United States Indian Health Service of the Department of Health and Human Services is providing technical expertise in the evaluation of health and living conditions of indigenous peoples and in delivering basic services in rural, sparsely populated areas. The Office of Alternative Medicine of the U.S. National Institutes of Health is providing support for an inventory of traditional medicine.

The second area of work, primarily supporting the countries= efforts to implement the resolution, is to enable the development of national and local plans, policies, and processes to benefit the indigenous peoples of each country. Table 2 shows the estimated indigenous population for selected countries by total number and as a percentage of total population.

Table 2. Estimated Indigenous Population in the Americas by Total Number and as a % of Total Population Selected Countries and Territories

		Total Number Indigenous Population		
		<100,000	100,000 to 500,000	>500,000
% Indigenous Population	More than 40%			Bolivia Guatemala Peru Ecuador
	5-40%	Belize Guyana Suriname	El Salvador Panama Nicaragua	Honduras Mexico Chile
	Less than 5%	French Guyana Jamaica Puerto Rico Costa Rica	Paraguay Canada Argentina Brazil	Venezuela United States

Sources: Inter-American Development Bank, Preliminary Project for the Creation of the Development Fund for the Indigenous Peoples of Latin America and the Caribbean, Washington, D.C., 1991. Inter-American Indigenous Institute, Data Bank, Mexico, 1992.

For this area of work a phased-in approach is being used for the countries of the Region:

Phase 1: Bolivia, Colombia, Chile, Ecuador, Honduras, Nicaragua, Panama
Phase 2: Guatemala, Mexico, Peru, Venezuela
Phase 3: Argentina, Belize, Brazil, El Salvador, Guyana, Paraguay, Suriname
Phase 4: The rest of the countries

All countries receive the benefit of subregional and regional efforts. From the beginning the involvement of indigenous representatives, especially women, was a major concern. This work in countries has been facilitated through the active involvement of PAHO Country Offices and national counterparts in ministries of health, when designated, as well as representatives of the indigenous peoples. Eighteen countries responded to a request for a report on progress; eight of the reports were prepared by representatives of ministries of health, the other 11 by PAHO office staff in the absence of an official response from the ministry. See Annex A for a summary of work under way in countries or planned based upon these progress reports.

The third area of work is to design and mobilize resources for projects which address priority health problems and vulnerable populations. Considering the recommendations from the indigenous communities through the ongoing consultative process, the Initiative has promoted

projects and activities in a number of program areas. These are now 18 regional programs with proposals, concrete technical cooperation activities, concept papers, and extrabudgetary projects at various stages of development. Most progress has related to basic water and sanitation, indigenous women, cholera, vaccine-preventable diseases, and NGOs for health development.

Two cases, vaccine-preventable disease and government-NGO collaboration, illustrate this progress:

Case: Vaccine-preventable Diseases

Since its inception, the Expanded Program of Immunization (EPI) has striven to reach indigenous peoples in remote areas, as well as those living in urban or peri-urban settings.

Vaccine coverage for children under 1 year of age with DPT, polio, measles, and BCG has been sustained at levels above 80% from 1990-1995. These high levels have contributed to the well-being of indigenous peoples. New vaccines, such as for hepatitis B, have been introduced as a priority among indigenous populations in the Amazon region of Brazil, Venezuela, and Colombia, which are at the highest risk for the disease.

During the period of PAHO's polio eradication efforts, enhanced communication between health services staff and communities reduced the distrust and built bridges of communication which have helped foster a new awareness of health and disease prevention.

The strategies of the current measles eradication initiative are following much the same approach of equitable access to immunization services by all sectors of society. As part of this Initiative, the PAHO Special Program on Vaccines and Immunization has also broadened the scope of its work to insure the participation of new actors, who can further strengthen PAHO‘s efforts to reach indigenous populations.

Case: Government-NGO Collaboration

The PAHO program of government-NGO collaboration endeavors to facilitate the incorporation of national NGOs into health policy analysis and health reform dialogue while fostering partnerships in program planning and execution. With funding from the Government of the Netherlands, the initiative has supported some notable projects relating to indigenous health in Ecuador and Guatemala.

In Ecuador, the project seeks innovative approaches which serve to strengthen and renew traditional medical knowledge and practices, and to promote a heightened understanding of, and mutual respect for, traditional and occidental medicine. A direct result has been self-confidence among the traditional healers and a heightened appreciation of traditional medicine on the part of the indigenous and occidental communities.

In Guatemala, the project consolidates a process of dialogue, an exchange of information about medical practices between the association of traditional practitioners and personnel from the public health centers in Totonicapan and El Quiche. The social and political results of this

model may well serve as an example for how to successfully operationalize the commitments contained in the Peace Accord with respect to the indigenous peoples' health, culture and well-being.

The other efforts are more modest because of current financial constraints, and resource mobilization is a slow process, but the interest is real and commitment is growing. Additional information on the status of the principal areas of work, including extrabudgetary-funded projects, is included in Annex B.

A fourth area of work has been to develop and strengthen traditional health systems. Part of the challenge in this area is to find a better articulation between the indigenous health system with its multiple health agents and practices and the official system offered by Governments. It is likely that a majority of the 43 million indigenous in the Region have no real access to basic primary health care offered through government-sponsored programs. Where there is physical access there are often financial, geographic, or cultural barriers to the use of the services. These communities depend upon traditional and spiritual healers to promote health, prevent illness, and provide treatment for common conditions; they are often the only provider available on a continuing basis. There have been several intercountry projects where traditional healers learn from each other. Some countries have established NGOs of traditional healers to address needs for quality improvement and national recognition. Legislation is an aspect of growing concern as practitioners find it more difficult to practice or to continue to have access to the products they use for healing. In some cases the objective is to restore knowledge which has been lost because of a devaluing of the use of traditional practices in the past and the lack of interest by young indigenous persons in becoming a traditional healer. An important aspect is the basic and continuing education of health workers who provide care in multicultural communities.

The fifth and final area of work is to identify and develop efficient mechanisms to coordinate, promote, disseminate, and exchange scientific and technical information. Annex C provides a list of the documents and publications prepared or in development at the close of 1996. A pamphlet about the Initiative and a video in English, Spanish, and Portuguese are being disseminated throughout the Region. In 1995, a work group on research was held to begin a process of priority-setting and development of collaborative research projects addressing priority problems. Three indigenous researchers shared their experience and views and are part of a growing network of scientists who will provide guidance to deal with the numerous ethical issues which are inherent in the conduct of research, particularly in indigenous communities. This area of work corresponds to the last two responsibilities of PAHO in Resolution CD37.R5: overcoming the lack of information and promoting collaborative research.

From the beginning PAHO has emphasized an intersectoral approach and the need to find partners who will work with it to carry out the Plan of Action or who have complementary plans. In May 1996, the Director of PAHO signed an agreement with the Indigenous Parliament of the Americas by which PAHO will work together with other international parliaments to develop and implement a plan to provide support to countries for the creation of a legislative agenda for national health policies, for legislation in the area of traditional healers and medicinal plants, and for legislators to work in other advocacy efforts for indigenous health.

Lessons Learned

In implementing Resolution CD37.R5 and the Initiative, a number of important lessons have been learned which will provide criteria for reorienting future work.

Table 3 provides a summary of estimated expenditures and some projections for funding through 1998. Detailed information on sources of funds is included in Annex D.
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Table 3. Estimated Expenditures and Projections through 1998

Year	Director	HSP-HSO	Region	Donors
1993	60,000	100,000	5,000	See 1995
1994	110,000	100,000	55,000	46,000
1995	48,000	100,000	80,000	226,000
1996	17,000	120,000	71,000	255,000
1997		90,000	75,000	1,087,000
1998	50,000	90,000	100,000	2,000,000

Resource mobilization has taken longer than anticipated when the Action Plan was developed in 1995. Tracking the interprogrammatic effort continues to be a challenge, especially when a more general project includes a component or activities related to indigenous health. Negotiations with donors are ongoing as are attempts to find better ways of tracking efforts across programs. Also, in the future PAHO will initially focus on efforts which can be carried out with limited additional resources, encourage programs and countries to allocate small amounts of regular funds, and look for other less traditional donors.

Several countries have taken the position that they do not have indigenous peoples or that all citizens have access to health services; they argue that there is no need to focus on a particular ethnic group. Few countries routinely collect and analyze vital or service statistics by ethnic group, so it has been difficult to develop good baseline data for countries and to have an adequate assessment of health and living conditions of the indigenous peoples of the Region. Future efforts will be directed at promoting disaggregation of core data by ethnic group, with the goal that inequalities in health status and access to health services can be detected and monitored. Where this is not possible in the short term, substitute indicators will need to be found, such as core data for municipalities with 50% or more indigenous population as compared to national figures for the same indicator.

Not enough progress has been made in the systematic participation of indigenous individuals and their organizations. Very few countries have established technical government commissions with indigenous representatives, although a number have developed internal interprogrammatic task forces or commissions in the ministries of health. National indigenous institutes do not always have visible indigenous involvement, or, where indigenous-controlled, do not consider health as a high priority.

Future Plans

Based on the experience gained during 1993-1996, and in particular after two years of implementing the 1995-1998 Action Plan, four principal areas of work are proposed for 1997-1998:

- Strategic planning and management;
- Priority programs;
- Organization and delivery of health services in multicultural communities;
- Production and dissemination of scientific, technical, and public information.

Strategic planning and management continues to be a critical aspect of the Initiative in order to be consistent with the principles reflected in Resolution CD37.R5. During 1997-1998 the regional effort will be directed at promoting the Initiative in Phase 3 and Phase 4 countries. Because countries have had different responses to this promotion effort, it has been necessary to adapt the approach in countries to reflect this reality. For example, a few countries have responded to this promotion effort by naming national counterparts in ministries of health, having internal discussions to develop work plans, and holding consultation meetings with indigenous leaders and their organizations. Progress reports presented by countries through 1996 (Argentina, Bolivia, Canada, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, United States of America, and Venezuela) reflect a variety of efforts. However, few countries have developed baseline information on health and living conditions of indigenous peoples, established technical commissions with indigenous representation, or allocated PAHO country funds or funds from other sources to support activities specifically directed at improving the health and well-being of indigenous peoples.

Considering this varied response, expected evolution or staging of the Initiative in countries will in the future be: promotion, initiation, consolidation, evaluation.

Progress reports and minimum baseline information on indigenous peoples and their health and well-being will be the criteria for moving to the second stage, which will be the *initiation* of a process to develop responses to the situational analysis. A technical commission or other unit in government with indigenous representation and the allocation of PAHO country funds and funds from other sources are the criteria for moving to the next stage of *consolidation*. The inclusion of an indigenous health component or targeting specific ethnic groups with deficiencies in health status or health service access within national health plans, or the creation of a permanent unit in the Ministry of Health responsible for indigenous health with a majority indigenous staff, will be indicators for the final stage of *evaluation*.

A project, *Toward Health of Indigenous Peoples: Processes and Projects*, has been submitted to the Inter-American Development Bank and other donors for mobilizing supplemental funding to countries to support early efforts during initiation. This project requires the appointment of a technical commission and the allocation of country funds. It also includes support for training of indigenous leaders and for subregional networks which are indigenous-led. Finally, a survey of national health policy planned in 1997 will provide additional information about current evolution in countries and permit comparisons among countries.

The second area of work is *priority programs* for indigenous health. PAHO will continue established priority programs, will consolidate efforts, and will develop new areas as other regional programs respond to promotion efforts and identify an interest in countries to develop concrete activities and projects with indigenous communities. A human resources data base with indigenous experts identified for each priority program will be an important aspect. Where expertise does not currently exist, training for indigenous professionals will be encouraged. PAHO fellowships could be set aside by countries to prepare indigenous professionals in priority areas; this would be consistent with Resolution CD37.R5 which urges countries to strengthen the technical, administrative, and managerial capacity of national and local institutions responsible for the health of indigenous populations. Finally, collaborative research projects consistent with established priorities will be encouraged and resources mobilized. This approach has already yielded modest results, with an indigenous health component or project being included in a more general project in one or more countries. Table 4 provides a summary of the current and proposed priority programs as related to PAHO=s Strategic and Programmatic Orientations 1995-1998.

In *organization and delivery of health services in multicultural communities*, activities will include a focus on preparing health workers to provide culturally sensitive care in multicultural communities as well as in developing and field-testing guidelines and teaching materials to support this effort. Guidelines for the regulation, legitimization, or legalization of traditional healers will also be developed and disseminated in collaboration with the indigenous and other international parliaments. Since many indigenous peoples live in sparsely populated areas, innovative strategies to provide access to basic public health and clinical services will be identified, systematized, documented, and disseminated through technical cooperation between countries‘ projects.

For *production and dissemination of scientific, technical, and public information*, efforts during 1997 and 1998 will be directed toward presenting information on health and living conditions of indigenous peoples in countries, in subregions, and in the Region as a whole. The available information will be used in the preparation of the new edition of *Health Conditions in the Americas.* Countries will be assisted in the preparation and publication of documents on indigenous health in their countries. Priority programs will produce and disseminate documents coming out of their work to include reports of work groups, evaluations of projects, and basic programmatic documents. PAHO is currently exploring possible sources of funding and technical support for a series of videos on indigenous culture and health development which will highlight the important contributions of indigenous cultures to health as well as showcase the variety of innovative approaches which are being developed as part of the Initiative.

Table 4. Priority Programs Planned for 1997-1998 in Line with the Strategic and Programmatic Orientations

Health and Development
- Health and Living Conditions of Indigenous Peoples
- Indigenous Women, Health, and Development
- National Policy and Legislation on Indigenous Health

- Collaborative ResearchIndigenous Health

Development of Health Systems and Services
- Community-Based RehabilitationIndigenous Models
- Traditional Health SystemsIndigenous Models
- Strategic Planning and ManagementIndigenous Health Projects
- Medicinal Plants in Indigenous Health and Development
- Human ResourcesBuilding Capacity in Indigenous Communities
- Toward Health of Indigenous Peoples of the AmericasProcesses and Projects

Health Promotion and Prevention
- Mental Health and Psychiatric Services in Indigenous Communities
- Reproductive HealthIndigenous Communities
- Preventing Substance Abuse in Indigenous Communities
- Indigenous Adolescents
- Nutrition Intervention Projects in Indigenous Communities

Environment
- Basic Water and SanitationImproving Access in Indigenous Communities
- Migrant Workers Health

Disease Control
- AIDS and STDs
- Vaccine-Preventable Disease and Childhood Illness
- Vector-Borne Disease
- Tuberculosis
- Noncommunicable Disease in Indigenous Communities
    - Diarrheal Disease including Cholera

Other
- NGOs for Indigenous Health Development
- Resource Mobilization
- Public InformationHealth of Indigenous Peoples Initiative
- Scientific and Technical InformationAccess and Production
- PAHO Staff Development

Table 5 organizes some of the planned activities of technical cooperation by function.

Table 5. Technical Cooperation by Function: Proposed 1997-1998

Policy and Norms	***Scientific, Technical, and Public Information***
- Survey: national policy on indigenous health - Work group: international parliaments on policy and legislation for indigenous health	- Health Conditions in the Americas 1998 - Videos: Indigenous culture and health development - Indigenous health-selected countries
Training	***Resource Mobilization***

- Staff development: Leadership and management for indigenous health - Preparing health workers for culturally safe care - Interns: Indigenous fund - PAHO fellowships for indigenous leaders	- IDB: Toward health of indigenous peoples-processes and projects - WB: Training for Indigenous Leaders - multicountry project - UNFPA: Reproductive Health - Human resource and institutional data base for indigenous health
Research	***Technical Cooperation Between Countries***
- Complete inventory of traditional medicine - Final reports on delivery of reproductive health services in indigenous communities - Dissemination of research work group report, research data base and priority-setting in subregions	- Health Situation Analysis (USA, HON, NIC, BLZ) - Strengthening Traditional Medicine (MEX, BOL) - Water and Sanitation (BOL, PER) - Indigenous Women, Health, and Development (GUA, ELS, MEX) - Community-Based Rehabilitation (PER, GUY)

Table 6 provides details on these principal areas of work, some expected results, indicators, and how the area relates to Resolution CD37.R5. Details are found in Annex E.

Table 6. Resolution V: Implementation 1997-1998

Areas of Work Expected Results	Resolution V Member Governments	PAHO
1. *Strategic Planning and*	2a. Technical Commission with	3a.
Promotion of indigenous		
Management	indigenous participation	
participation		
	2b. Strengthening of technical	3b.
Mobilization of technical		
- Initiative promoted in Phase 3	capacity of national and	and
financial resources		
and Phase 4 countries	local institutions	3c.
Information networks		
- Indigenous leaders and focal	2c. Intersectoral actions with	3d.
Evaluation of living and		
points trained	indigenous organizations	health
conditions of		
- Project: "Toward Health of	2d. Transformation of health	
indigenous peoples		
Indigenous Peoples:	systems with the contribution	3e.
Collaborative research		
Processes and Projects"	of Traditional Medicine	
implemented		
- Technical Commissions		
established		
- Fellowships for indigenous		
persons established		
- Alliances consolidated		
- Survey on national policies on		
indigenous health		
2. *Priority Programs*	2c. Intersectoral actions with	3d.
Evaluation of health and		
	indigenous organizations	living
conditions of		
- Priority programs efforts	2e. Prevention and promotion	
indigenous peoples		
consolidated	programs in priority areas	3e.
Collaborative research		
- Projects with indigenous		
communities in priority		
programs formulated		
- Human resource data base with		
indigenous experts		
- Collaborative research projects		

- Training for indigenous		
professionals		
3. ***Organization and Delivery of***	2a. Formulation of policies and	3a.
Promotion of the indigenous		
Health Services in Multi-	strategies for the benefit of	
participation		
Cultural Communities	specific indigenous popula-	3d.
Evaluation of health and		
	tions	living
conditions of		
- Programs and materials for	2b. Contribution to a higher	
indigenous peoples		
training of health workers	degree of equity	3e.
Collaborative research		
- Systematization and analysis of	2c. Intersectoral actions with	
experiences in the delivery of	indigenous organizations	
health care to indigenous	2d. Development of alternative	
indigenous communities	models of care for	
- Guidelines for the analysis and	indigenous populations	
development of legislation and		
standards on traditional		
medicine		
4. ***Information Systems and Public***	2b. Overcoming the lack of	3c.
Information networks		
Information	information	3d.
Evaluation of health and		
	2c. Intersectoral actions with	living
conditions of		
- Health Conditions in the	organizations, indigenous	
indigenous peoples		
Americas Vol 1,2	population	3e.
Collaborative research		
- Audiovisual material		
- Sub-regional networks for		
information dissemination		

Partnerships have become increasingly important in the delivery of technical cooperation in the Region. PAHO's partners for the Initiative include UN agencies, because of the focus on the Decade of the World=s Indigenous Peoples. Also the Inter-American Declaration on Indigenous Rights, which specifically refers to the right to health, is being promulgated by the Organization of American States. These partnerships will continue to be an important aspect of the Initiative at the regional and country levels for the mobilization of technical and financial resources. Foundations, universities, and other institutions with expertise in indigenous health will also be sought out. Partnerships developed in the early stages will continue.

Much has been said and written about equity as a philosophical underpinning for PAHO's work in public health. However, as long as some communities have less service a greater burden of disease, and fewer opportunities than others, there will not be equity, and the goal of health for all will not be realized. We can, we must be a collective voice, bringing these issues to the forefront for debate and resolution. With the indigenous communities, we will advocate for change, be persistent in our efforts and at the close of the Decade of the World's Indigenous Peoples, celebrate our shared success.

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ANNEX A. SUMMARIES OF REPORTS FROM COUNTRIES, 1996

Argentina

Achievements
- In 1995, Health of Indigenous Peoples Program created in Sub-Secretariat of Community Health
- Increased coverage (40,000 served) for primary health care in indigenous communities
- National interdisciplinary team with indigenous representation
- Agreements with five provinces for a program in health of indigenous peoples
- Training and new positions for 250 community health workers
- Contracts for supplemental staffing in targeted areas
- Training in ethnomedicine and management for key staff
- At least 20 community projects under way
- Symposium: Indigenous Peoples and Health
- Local programming which adapts interventions in different indigenous communities

Future Plans
- Improve access to the health system with emphasis on primary health care
- Better information for planning and evaluation
- Training and supervision of community health workers and other staff
- Intersectoral agreements and facilitated collaboration between communities
- Expand indigenous health program to additional areas

Resources
- 1995 $802,650; 1996 $777,000

Bolivia

Achievements
- Self-assessment and elaboration of the Health Plan of the Indigenous Peoples of Chaco, Oriente, and Amazon Regions
- Training and technical support for indigenous organizations
- Activities to strengthen traditional medicine
- Proposal for alternative models of care in indigenous communities
- Interprogrammatic effort
- Projects of extension of coverage in selected communities
- Projects of housing and potable water
- Formation of indigenous community health workers and training programs for nursing auxiliaries
- Interinstitutional group with UN Agencies, Secretary of Health, and indigenous organizations
- Technical cooperation between countries with Mexico in traditional medicine

Future Plans
- Support to local organizations and indigenous municipalities
- Training for indigenous leaders
- Activities to enhance articulation between traditional and occidental medicine
- Promote national policy development
- Facilitate consideration of legislation for traditional medicine
- Support information networks

- Mobilize resources

Resources (PAHO funds)
- 1995 $48,000; 1996 $10,000

Canada

Achievements
- Process of devolving control of health programs and resources to First Nations and Inuit people
- Funding for a variety of program activities to advance the health status of Canadian First Nations and Inuit people
- Head start programs for off-reserve based Aboriginal people
- Development of Aboriginal-specific health resources to raise the level of awareness on specific health issues: diabetes, child nutrition, SIDS

Implementation of Canada=s Prenatal Nutrition Programs for First Nations and Inuit people
- Completion of Nation Report on Aboriginal People
- Utilizing a holistic approach to health issues

Future Plans
- A national report on Aboriginal issues was released in 1996. Health and social issues are included in the report=s recommendations. No decision has been made on the government=s response to these recommendations.

Resources
- Not reported

Chile

Achievements
- Process of reflection within Ministry of Health
- Line of work, Health of Indigenous Peoples, established in the Department of Integral Care
- Work sessions in four health services for the elaboration of plans and projects
- Creation of multidisciplinary work groups in the four areas
- Support for local projects in priority areas
- Close collaboration with CONADI (National Corporation for Indigenous Development)
- Workshop: First National Encounter: Health and Indigenous Peoples, Toward an Inter-cultural Policy in Health (proceedings will be published)
- Work on a data base with indicators for surveillance of health and living conditions.
- Incorporation of a chapter on Health of Indigenous Peoples in the Health Plan for Chile 1997-2000

Future Plans
- Consultation, monitoring, and evaluation of work in health service areas
- Continuing work on data base and evaluating health and living conditions
- Implement project, Toward Health of Indigenous Peoples: Processes and Projects

Resources (Ministry of Health)
- 1995 $1000; 1996 $45,700

Colombia

Achievements
- Creation of a group in Ministry of Health responsible for indigenous health policy

- Proposal for a national policy for indigenous health
- Decision to incorporate the variable ethnicity in the national information system
- Incorporation of indigenous into social security
- Financing for a line of research, health, and culture, through Colciencias
- Support for local projects
- Situation analysis and documentation of experiences
- Articulation with indigenous organizations

Future Plans
- Emphasis on social security for indigenous

Resources (PAHO funds)
- 1995 $17,000; 1996 $30,000

Costa Rica

Achievements
- Promoting participation
- Extending coverage for indigenous population
- Preparation of materials
- Development of local policies

Future Plans
- Develop a greater number of policies and programs for indigenous population

Resources
- No specific PAHO funds

Dominica

Achievements
- Ministry official designated

Future Plans
- Depends upon mobilization of resources

Resources
- None

Ecuador

Achievements
- Recognition that the health situation of the indigenous population requires special consideration and approaches
- Analysis of previous experiences
- Alliances with organizations, universities, and international agencies
- Workshop: Health, Cultures, and Science
- International workshop for Andean Subregion: Cultures and Health in the Andean World
- Projects with NGOs in delivering care in multicultural communities
- Participation of indigenous organizations
- Training for staff on health and culture
- Creation of the Committee for the Decade of Indigenous Peoples

Future Plans
- Not reported

Resources
- Not reported

El Salvador

Achievements
- No differences exist in health status and access to health care for the indigenous population
- Three municipalities with indigenous population have health facilities and health promoters
- The program, Healthy School is benefiting indigenous children

Future Plans
- Carry out an analysis of the health situation
- Strengthen ties with the National Coordinating Council for Salvadorean Indigenous

Resources
- Not reported

Guatemala

Achievements
- Extrabudgetary project, Indigenous Women

Future Plans
- Changes in law to permit traditional medicine

Resources
- Not reported

Honduras

Achievements
- Indigenous movement in country results in 72 petitions for integral development
- Positive response from Ministry of Health to the petitions
- Creation of a permanent commission in the Ministry
- Workshops for indigenous leaders at local level
- Incentives for health workers in isolated communities
- Work on models of care considering ethnicity

Future Plans
- Information systems to monitor health status
- Continue processes under way
- Ethnic component in project on access

Resources
- 2 million lempiras for 1996

Mexico

Achievements
- Publication of statistical profile of Mexican population, including a chapter on indigenous health
- TCC project with Bolivia in traditional medicine
- Agreement of collaboration between the Secretary of Health and the National Indigenous Institute for health of vulnerable groups

Future Plans
- Health program for indigenous population served by the Secretary of Health
- Carry out census of traditional midwives
- Work on models of care to include traditional medicine
- Study of sociocultural and health conditions of indigenous peoples and the use of traditional medicine in two states
- Course on prevention of risk for indigenous women
- Training for health workers in indigenous communities
- Project to extend coverage in the State of Queretaro
- Project on maternal mortality in the Huasteca population

Resources (PAHO)
- 1995 $9,000; 1996 $16,000

Nicaragua

Achievements
- National encounter on health of indigenous peoples and communities
- Proposal of a plan of operations for health in indigenous communities in Nicaragua
- Support to indigenous movement in Nicaragua in the area of health
- Hosted the international meeting of indigenous leaders and parliamentarians of Central America (proceedings to be published)

Future Plans
- Training for indigenous leaders in negotiation, health promotion, gender, and indigenous identity

- Support to processes in local communities
- Exchanges with other countries

Resources
- Not reported

Panama

Achievements
- Training in basic sanitation for indigenous leaders
- Workshop on environmental control of malaria and dengue
- Visits for monitoring sanitary conditions
- Diagnosis of basic sanitation in 18 communities
- Workshop with indigenous women regarding measures for basic sanitation with a gender perspective
- Water projects
- Meetings of traditional practitioners
- Participation in the meeting of Central American indigenous leaders and parliamentarians

Future Plans
- Projects: PROAGUA, PLAGSALUD
- Prioritize Darien Province

Resources
- Not provided

Paraguay

Achievements
- Creation in 1993 of the national program of rural and indigenous communities
- Proposal for national program of indigenous health
- Training for staff working in indigenous communities
- Course for volunteer health promoters

Future Plans
- Decentralization with responsibility in regions
- Mobilization of resources

Resources
- Not provided

Peru

Achievements
- Sensitization of the health problems of indigenous
- National policy on the fight against poverty includes indigenous populations as priority

Future Plans
- Formation of a technical group to consider health of indigenous populations
- Better data on the indigenous peoples and their characteristics
- Consider indigenous health in reform processes

Resources (PAHO)
- 1996 $12,800

United States of America

Achievements
- Infant mortality just under the national rate
- Childhood immunization rates higher than the national average
- Mortality rates down for tuberculosis, gastrointestinal disease, and injuries
- Sanitation facilities provided for 4,900 new or improved homes in 1995, and more than 6,600 existing homes received first time services
- The average life expectancy for both sexes is just under the national average
- Partnerships with states and other government programs have supported expanded services to Native Americans
- Consultation with Native American people yields many solutions
- Publication on resources available in HHS for Native Americans
- Training program in health care administration for tribal leaders

Future Plans
- Initiatives in Traditional Medicine, Elder Health Care, Indian women=s Health, Indian Children and Youth, Financing, State Coordination, Sanitation Facilities, and Injury Prevention

Resources
- 1995 $1.9 billion; 1996 $2.0 billion

Venezuela

Achievements
- Project of law of ethnic groups and indigenous peoples
- Fight for consideration of ethnic groups in the territorial divisions in the State of Amazonas
- Execution of several social projects in indigenous communities
- Adaptation of government programs for implementation in indigenous communities
- Inclusion of indigenous municipalities in the Toward Healthy Municipalities Program

Future Plans
- Development of centers with a focus on culture, education, and health
- Improving infrastructure: water, sanitation, housing
- Warehouses in the State of Bolivar

Resources
- 1996 500 million bolivares; 1997 2,100 million bolivares

ANNEX B. STATUS OF PRIORITY PROGRAMS THROUGH 1996

Priority Programs	Status

- Health and Living Conditions of Indigenous Peoples	1,5
- Indigenous Women, Health, and Development	1,3
- National Policy and Legislation on Indigenous Health	1,4
- Collaborative ResearchIndigenous Health	1,3,4,5
- Community-Based RehabilitationIndigenous Models	2
- Traditional Health Systems-Indigenous Models	1,2,3,4,5
- Toward Health of Indigenous Peoples of the Americas Processes and Projects	1
- Mental Health and Psychiatric Services in Indigenous Communities	1,4
- Reproductive HealthIndigenous Communities	3,5
- Preventing Substance Abuse in Indigenous Communities	1,2,4
- Basic Water and SanitationImproving Access in Indigenous Communities	1,2,3,4
- AIDS and STDs	3
- NGOs for Indigenous Health Development	1,3,4
- Resource Mobilization	1,2,3,4,5
- Public InformationHealth of Indigenous Peoples Initiative	1,4
- Scientific and Technical InformationAccess and Production	1
- PAHO Staff Development	1,4
- Vaccine-Preventable Disease	2,3

Status Code

1. Concept paper or other document
2. Multicountry project, regular funds including TCC
3. Extrabudgetary project or component of extrabudgetary project
4. International meeting or training program
5. Research project

Area of WorkResponsible Unit	Resolution CD37.R5*
1. Health and Living Conditions of Indigenous Peoples HSO, HDPHDA: Dr. Sandra Land, Dr. Patricia Ruiz	2b, 3c, 3d
2. Indigenous Women, Health and Development HDPHDW: Ms. Martine De Schutter	2b, 3d
3. National Policy and Legislation on Indigenous Health HDP: Dr. Cristina Torres	2a, 3c
4. Collaborative ResearchIndigenous Health HSO: Dr. Sandra Land	2a, 2b, 2c, 2d, 2e, 3e
5. Community-Based RehabilitationIndigenous Models HSO: Dr. Alcida Pérez	2b, 2d, 3e
6. Traditional Health SystemsIndigenous Models HSO: Dr. Sandra Land, Dr. Rocío Rojas	2b, 2d, 3e
7. Toward Health of Indigenous Peoples of the Americas Processes and Projects HSO: Dr. Sandra Land	2a, 2b, 2c, 2d, 2e, 3a, 3b
8. Mental Health and Psychiatric Services in Indigenous Communities HSO, HPPHPL: Dr. Sandra Land, Dr. Izthak Levav	2b, 3d, 3e
9. Reproductive HealthIndigenous Communities HPPHPF: Dr. José Antonio Solís	2b, 2e, 3e
10. Preventing Substance Abuse in Indigenous Communities	2b, 2e, 3e

HPP: Dr. Enrique Madrigal	
11. Basic Water and SanitationImproving Access in Indigenous Communities	2b, 2c, 2e, 3e
HPE: Eng. Raymond Reid	
12. AIDS and STDs	2b, 2e, 3e
HCPHCA: Dr. Rafael Mazín	
13. NGOs for Indigenous Health Development	2c, 3a, 3b
DEC: Dr. Kate Dickson	
14. Resource Mobilization	3b, 3c
HSO, DEC: Dr. Sandra Land, Dr. Kate Dickson	
15. Public InformationHealth of Indigenous Peoples Initiative	2b, 2c, 2d, 3c
DPI: Dr. Daniel Epstein	
16. Scientific and Technical Information-Access and Production	2b, 2c, 2d, 3a, 3e
HBI: Ms. Magda Ziver, Ms. Cecilia Parker	
17. PAHO Staff Development	3a, 3b, 3c
APLSTD: Mrs. Roxana Martin	

* Numbers and letters refer to Resolution CD37.R5 mandates for Member States and PAHO

ANNEX C. SCIENTIFIC, TECHNICAL, AND PUBLIC INFORMATION

Documents and Publications Prepared and Disseminated:

- Basic Document: Indigenous Peoples' Health (English, Spanish)
- Proceedings Hemispheric Workshop (English, Spanish, French)
- Document CD3720 (English, Spanish)
- Video: Health of Indigenous Peoples (English, Spanish, Portuguese)
- Health Conditions in the Americas, 1994, Selected References (English, Spanish)
- Ethnic Groups in the Americas (Spanish)
- Two workshop reports on Implementing Initiative (Spanish)
- Proceedings of Guatemala Workshop on Implementing Initiative (Spanish)
- Conducting Workshops to Implement the Initiative; Guides (Spanish)
- Work Group Report: Research with Indigenous Peoples (Spanish, English)
- Brochure: Health of Indigenous Peoples Initiative (Spanish, English)
- Work Group on Traditional Medicine (Spanish)
- Conceptual framework for health systems which provide culturally safe care (Spanish)
- Incorporating a Gender Perspective in the Work with Indigenous Peoples (English, Spanish)
- Report of the Meeting of the Mental Health Directors of Latin America, 1996 (Spanish)
- Report of TCC Project Bolivia-Mexico Traditional Healers (Spanish)
- Reports: NGO Projects Guatemala and Ecuador (Spanish)

In Development as of December 1996:

- Proceedings: National Workshop Indigenous Health, Chile
- Health Situation Indigenous Peoples of Bolivia and Annotated Bibliography
- Health Situation Indigenous Peoples of Chile and Annotated Bibliography
- Health Situation Indigenous Peoples of Ecuador and Annotated Bibliography
- Health Situation Indigenous Peoples of Honduras and Annotated Bibliography
- Health Situation Indigenous Peoples of Belize, Guyana and Suriname
- Report of Meeting of Regional Parliaments and Indigenous Leaders
- Report of Meeting of Parliaments and Indigenous Leaders of Central America

ANNEX D. ESTIMATED EXPENDITURES AND PROJECTIONS THROUGH 1998

YEAR	OTC and TCC	HSP-HSO (inc. staff)	OTHER REGION (inc.staff)	EXTRABUDGETARY	COUNTRIES
1993	$60,000	$100,000	AD and DEC $5000	Sweden-Indigenous Women (See 95)	Unavailable
1994	$85,000 $25,000 Grant to III	$100,000	HWD $10,000 DEC $20,000 APLSD $25,000	Netherlands-NGO Projects $46,000 Sweden-Indigenous Women (See 95)	Unavailable
1995	$40,000 $ 8,000 TCC BOL-MEX	$100,000	APLSD $10,000 DPI $15,000 HDD $10,000 HPF $10,000 DEC $20,000 HEP $5,000 HWD $10,000	Netherlands-NGO $46,000 Sweden-Indigenous Women $170,000 (92-95) Rehabilitation WHO $10,000	PAHO-BOL $60,000;MEX $9000; COL $17,000; Country-ARG $803,000; USA $1.9 billion.
1996	$17,000 TCC PER-BOL	$120,000	HDD $28,000 DPI $10,000 DEC $20,000 HPL $ 3,000 HWD $10,000	Netherlands-NGO $46,000 Denmark (Water)$85,000 Sweden (Ind. Women) $84,000 NIH (OAM) $20,000 UNFPA $ 10,000 Central America $10,000	PAHO-MEX $16,000; PER $12,800; BOL $10,000; COL $30000 Country-ARG $777000; USA $2 billion; VEN $1 mill.
1997		$ 90,000	HMP $15,000 adolescents HEP $5,000 DEC $10,000 APLSD $10,000 HWD $10,000 HDD $25,000	Netherlands-NGOs $ 30,000 IDB $ 275,000 IDB CAN $75,000 Mental Health(WHO) $15,000 UNFPA $10,000 DANIDA(AIDS and STD) ________ Sweden(Indigenous Women) $92,000* GTZ (WaterSanitation $800,000	BOL $90,000 CHI $48,500 VEN $4 mill.

				*3 Year Phase 2 Project starts in 1998 $540,000.	
1998 Target	$ 50,000	$ 90,000	$100,000	$2,000,000	$500,000 (PAHO)

ANNEX E. OPERATIONALIZATION OF THE INITIATIVE: 1997-1998

Principal Areas of Work

1. *Planning Strategic and Management* — *Resolution V* (*)

Profile	PAHO Member Governments
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 of the area of health and the environment for the benefit of specific indigenous populations (Resolution V, 2.a). Strengthening of the operating capacity and the forging of alliances that take full advantage of the Region's financial and technical resources, since they constitute the critical factor in the operationalization of Resolution V (Resolution V, 2c, 3a, 3b).	2a, 2b, 2c, 2d 3a, 3b, 3c, 3d, 3e

. Promotion of Stage III and IV of the Initiative
. Training of indigenous leaders and professionals and focal points
. Implementation of the project "Toward Health of Indigenous Peoples: Processes and Projects," at the national and subregional level
. Establishment of Technical Commissions
. Establishment of four fellowships per year for indigenous people
. Strengthening of technical and financial cooperation alliances with national and international organizations.
. Survey of national policies on indigenous health

2. *Priority Programs* — *Resolution V*

Profile:	Member Governments	PAHO
Strengthening of 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 (Resolution V, 2b). Promotion of 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 the countries (Resolution V, 2e)	2c, 2e	3d, 3e

. Consolidation of efforts in the different priority programs
. Expansion and implementation of activities and projects with indigenous communities in the priority programs
. Teams of indigenous experts and institutions for technical support
. Establishment of coordination and technical cooperation mechanisms in the priority programs with academic centers that have indigenous professionals andor the endorsement of indigenous organizations
. *Health Conditions in the Americas*, Vol. 1, Priority Programs

* The numbers and letters in the right-hand column refer to the mandates for the Member Governments and for PAHO found in Resolution V (Annex)

ANNEX E. Operationalization of the Initiative: 1997-1998(cont.)

Principal Areas of Work

3. *Organization and Delivery of Health Services in Multicultural Populations* — *Resolution V*

Profile	Member Governments	PAHO
Within the framework of health sector reform, to promote the transformation of health systems and support the development of alternative models of care for the indigenous population, including traditional medicine (^) and research into quality and safety (Resolution V, 2d). Identification of strategies that, within a legal, conceptual, and operational framework, permit the establishment and development of alternative models of care for multicultural populations that take into account the resources and potential of ancestral knowledge (Resolution V, Preamble). . Development of programs and the preparation of training and instructional materials in health care for multicultural populations . Development of projects for multicountry technical cooperation to indigenous communities, and systematization and analysis of experiences in health service delivery in indigenous communities, within the framework of health sector reform . Identification of guidelines for the analysis and development of legislation and standards for the practice of traditional medicine . Implementation of activities in health and the environment geared toward specific indigenous populations . Team of indigenous advisers in management, and management of alternative andor complementary models for health service delivery	2nd, 2b, 2c, 2d	3rd, 3d, 3e

4. *Information Systems and Public Information* — *Resolution V*

Profile	Member Governments	PAHO
Coordination of 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 (Resolution V, 3c). Expansion of 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 regional level and country level (Resolution V, 3d). . Development of audiovisual materials . Mechanisms in place for the production and dissemination of audiovisual materials on the indigenous peoples of the Region	2b, 2c	3c, 3d, 3e

. Projects on cognitive systems and strategies for the production, collection, and dissemination of information to indigenous communities

(^) For example: medicinal plants (use, protection, marketing), the practice of traditional medicine, traditional therapists, intellectual property
(*) The promotion of collaborative research at the regional level and in selected countries on high-priority health issues and health care for indigenous peoples (Resolution V, 3e) has been an important aspect in each area of implementation of Resolution V.