

Health of Indigenous Peoples Initiative

Among indigenous populations in the Region, living conditions, per capita income, employment, education, and access to such basic resources and services as water, sanitation, health care, housing, and food are well below national averages. Processes of acculturation, the imposition of alien models of development, and a dearth of favorable policies have contributed to the disintegration of native cultures and a disdain for indigenous cultural identity, frequently accompanied by ostracism from mainstream society. In this context, the indigenous peoples of the Americas have shorter life expectancies and greater mortality than other groups, as well as morbidity profiles that differ from those of society at large and vary among indigenous groups according to their standard of living, social position, degree of acculturation, and differential exposure to disease risks.

In various countries of the Region, valuable initiatives have been undertaken with a view to improving the living conditions and health status of indigenous peoples. The Pan American Health Organization has provided cooperation to several of these initiatives. However, such efforts have usually been sporadic and short term. The need for a more unified and ongoing initiative is clear.

In response to that need, PAHO has launched the Health of Indigenous Peoples Initiative. It forms part of the activities and processes under way for the International Decade of the World's In-

igenous Populations (1994–2004), proclaimed by the United Nations. The initiative is comprehensive; it will draw upon and be closely coordinated with the efforts of all the programs and initiatives promoted by the Organization, including health promotion and protection; decentralization and the development of local health systems; health sector reform; women, health, and development; disease prevention and control; and the Regional Plan for Investment in the Environment and Health.

The initiative requires a commitment by the governments of the Region to achieve equity. Addressing the challenge of equity and promoting that commitment in the countries are the objects of PAHO's cooperation efforts.

BACKGROUND OF THE INITIATIVE

The roots of the initiative can be traced to the April 1992 meeting of PAHO's Subcommittee on Planning and Programming, which approved plans for a workshop to consider the health and well-being of the indigenous peoples of the Region in response to a recommendation of the Government of Canada. The First Indigenous Peoples and Health Workshop, which was held in Winnipeg, Manitoba, in April 1993, included participants representing governments and indigenous groups from 18 countries of the Region. The delegates at the workshop emphasized the holistic nature of the various concepts of health among the indigenous peoples of the Americas, as well as the importance of viewing health issues as inextricably linked to the geopolitical, social, and historical context of indigenous populations.

Source: Pan American Health Organization. Health of Indigenous Peoples Initiative, PAHO/WHO, 1995–1998; PAHO/WHO Plan of Action for promoting the initiative in the Region of the Americas. Washington, D.C.: PAHO; 1995. (Document PAHO/HSP/HSO/95.22).

The Winnipeg workshop also defined principles that should guide the development of the Health of Indigenous Peoples Initiative. These principles, which were ratified at subregional workshops held in Santa Cruz, Bolivia, and Quetzaltenango, Guatemala, in 1994 are as follows:

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

The workshop's recommendations were taken into account in the adoption of Resolution CD37.R5 at the XXXVII Meeting of the PAHO Directing Council in September 1993. The resolution recognized the deficient living and health conditions facing millions of indigenous persons in the Region and emphasized the importance of developing alternative models of care in local health systems to address that situation. It reflects the political resolve of the Member Governments to promote a higher degree of equity in health services and health care for indigenous groups and mandates the PAHO Secretariat to take actions toward that end.

A holistic approach to all of the needs identified among these peoples—with respect for their different traditions and cultures—is a priority. An essential strategy is the sustained strengthening of local health systems, an activity that promotes appropriate development for each indigenous group in order to make use of its knowledge and traditions to improve its living conditions.

In keeping with the responsibilities mandated in Resolution CD37.R5, the Director of PAHO convened a meeting in May 1995 to seek advice from interested individuals, organizations, and govern-

ments regarding how best to proceed with the initiative. The Plan of Action for 1995–1998, summarized below, is the fruit of that meeting as well as consultations in the countries and takes into account relevant information from the presentations, discussions, and analysis at the Winnipeg workshop.

PLAN OF ACTION

Goal. The goal of the plan of action is to support the indigenous peoples, governments, and other institutions and individuals committed to improving the health and living conditions of the indigenous populations of the Americas through systematic and sustainable efforts to attain the objectives of the initiative, guided by the principles of the Winnipeg workshop.

Assumptions. The general plan of action is based on the following underlying assumptions:

1. The indigenous organizations and peoples of the Region have strengthened and mobilized themselves to give momentum to efforts to improve their quality of life and exercise their rights, and have committed themselves to participating in the planning, execution, evaluation, and management of projects.
2. The success of the initiative depends on the consensus and coordination achieved at all levels among indigenous organizations and peoples, governments (especially the ministries of health), nongovernmental organizations, and international cooperation agencies.
3. A variety of processes and activities are under way in the countries of the Region to improve the health and living conditions of indigenous peoples.

4. The governments of the Region have demonstrated a clear political resolve to promote efforts on behalf of indigenous peoples' well-being.
5. Technical cooperation efforts in health are intended to activate, promote, and support collaborative processes based on coordination and consensus-building, under the leadership of indigenous peoples and organizations.
6. Donor governments and international and multilateral agencies are increasingly providing financial, political, and technical support for the efforts of indigenous peoples.

Purpose. PAHO seeks 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 will 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 Health of Indigenous Peoples Initiative.

Priority countries. The complexity and magnitude of the health problems of the indigenous peoples of the Region necessitate a realistic and strategic approach. Thus, activities in the countries will be carried out according to the timetable shown below. Nevertheless, the plan's success will certainly depend on joint efforts, for which priority support will be given.

- 1995: Bolivia, Chile, Colombia, Ecuador, Honduras, Nicaragua, Panama
 1996: Guatemala, Mexico, Peru, Venezuela
 1997: Argentina, Belize, Brazil, El Salvador, Guyana, Paraguay, Suriname
 1998: Remaining countries

Components. The Plan of Action has four major components. For 1995–1996, the principal activities for each component are as follows:

Component 1—Plans, Policies, Processes, and Human Resources

- Health situation analysis and selection of specific indicators and variables for health and well-being that will be analyzed and monitored at the local, national, and regional levels.
- Training for indigenous professionals and leaders in the design, management, and evaluation of health programs.
- Establishment of a process of shared project management among indigenous communities, governments, PAHO, and international cooperation agencies.
- Hiring of local staff, preferably indigenous, to coordinate, implement, and monitor indigenous peoples' health activities in the countries.
- Hiring of a person, preferably indigenous, with experience and knowledge of the situation of the indigenous peoples of the Region, who will be based at PAHO Headquarters and whose work will be devoted to promoting the initiative and to the implementation of the plan of action.
- Cooperation in the preparation and dissemination of a health plan or plans in the countries.

Component 2—Development and Strengthening of Traditional Health Systems

- Systematization and documentation of experiences in articulating the practices of tradition medicine with those of Western medicine in local health systems with large indigenous populations.

- Review of current legislation and drafting of guidelines for laws and regulations that favor traditional medicine and the use of medicinal plants.
- Identification and solution of research problems in the field of traditional medicine, and promotion of multidisciplinary research.
- Formulation and application of strategies to enhance the contribution of traditional health systems to health.

Component 3—Projects on Priority Problems and Vulnerable Populations

- Acquisition and mobilization of the technical and financial resources necessary to carry out and evaluate health development projects in indigenous communities—projects that use a holistic approach and are in accord with the priorities defined by the indigenous peoples themselves. Such projects may focus on the following

areas: health of migrant workers and members of border communities; water and sanitation; violence, drugs, and alcohol; reproductive health; maternal and infant mortality; health of adolescents; food safety; rehabilitation; and others.

Component 4—Regional and Subregional Coordination, Promotion, and Interagency Collaboration

- Preparation of annual plans.
- Development of communication and collaboration mechanisms among all actors involved in the initiative.
- Identification of donors.
- Promotion of collaborative research groups.
- Establishment of mechanisms to maintain the initiative's momentum.
- Support for development processes and projects with broad grass-roots participation.