Regional Workshop for
Latin America and the Caribbean

# Working to Achieve Ethnic Equity in Health:

## Ensuring that the Millennium Development Goals Include an Ethnic Perspective in Latin America and the Caribbean

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United Nations
High Commissioner
for Human Rights

Pan American
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Regional Office of the
World Health Organization

Ministerio
da Saúde

Ministerio
das Relações
Exteriores

Secretaria Especial de
Políticas de Promoção
da Igualdade Racial

BRASIL
UM PAÍS DE TODOS
GOVERNO FEDERAL

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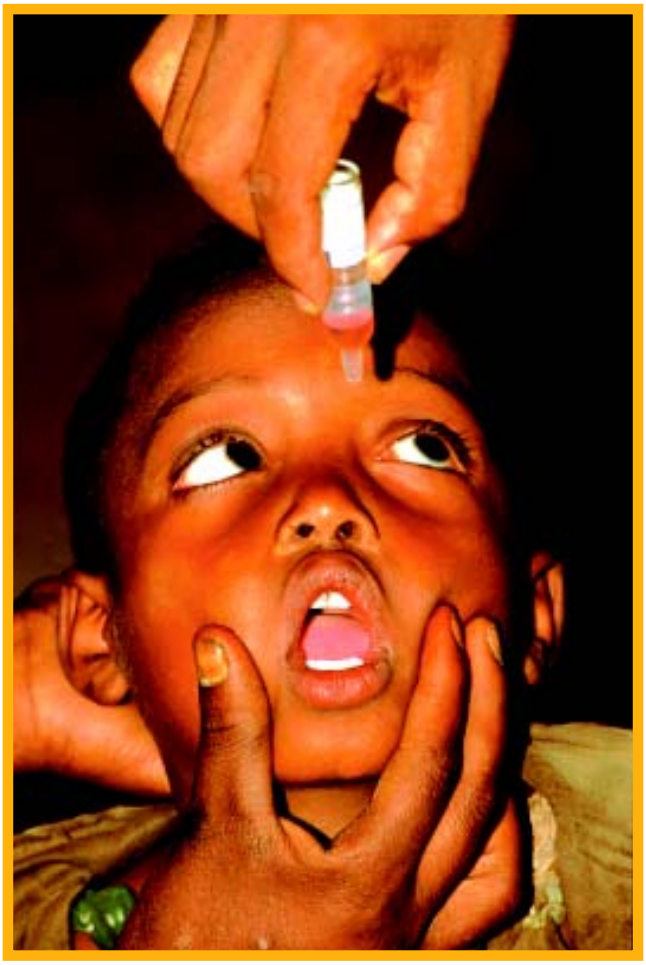
# Contents

# Presentation



The World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance, organized by the United Nations and held in Durban, South Africa, in 2001, urged Member States to fight social exclusion as a means of reducing racial discrimination against people of African descent in the Americas. The Durban Conference was part of a continuing effort by the United Nations to bring the problem of inequalities in health status and access to health services to the fore, with special attention to those affected by HIV and to children who, because of this epidemic, have been made orphans.

Prior to this, at the start of the new millennium in 2000, 189 countries adopted an important global agreement: the Millennium Development Goals (MDGs), which give priority to issues such as eradicating extreme poverty, improving maternal and child health, and combating HIV/AIDS. National acceptance, or "ownership," of the MDGs by governments and communities is fundamental to their attainment. In fact, the goals can foster democratic debate, and political leaders are more likely to take the necessary steps to meet them when there is participation and advocacy on the part of civil society.

Although the situation in some countries makes it possible to conclude that they will attain the goals in 2015, there are deep foci of structural poverty within them, with indicators that reveal inequities. The MDGs represent a window of opportunity for all countries to reduce the considerable disparities that currently exist between women and men, ethnic or racial groups, and urban and rural areas. To do so, we must investigate what the national averages conceal. In several countries, the goals could be met without reducing the internal inequities.

This means that the outcomes obtained during the implementation of the goals could make it possible to achieve the general indicators, but it would not comply with the spirit of the Declaration, which is to fight poverty. Consequently, we would have missed a great opportunity to reduce inequities in the Region. Adopting an ethnic perspective in the design of plans and programs for attaining the MDGs is a challenge, especially for Latin America, where income distribution is extremely unequal and where ethnic minorities constitute a large part of the Region's poorest and most vulnerable populations.

Racial discrimination, as a social factor, contributes to the differences in the health status among individuals. In many countries in the Region the health

status of population groups follows ethnic/racial lines, revealing differences in access to health services, information, and education—all of which are necessary for protecting health. For example, there is evidence that certain pathologies such as hypertension, obesity, HIV/AIDS, and diabetes, which are attributable to poverty, living conditions, diet, environmental factors, and lack of access to services, are prevalent in people of African descent in the Region.

The Office of the High Commissioner for Human Rights (OHCHR) and the Pan American Health Organization (PAHO/WHO) agreed to collaborate with the responsible authorities to ensure that policies address the mandates stemming from Durban and the Millennium Conference, as part of the same effort.

Government authorities in Brazil have made racial equity a priority in sectoral plans, and they recently created a Special Secretariat for Racial Equality (SEPPIR).

SEPPIR, OHCHR, and PAHO/WHO organized a regional workshop to analyze the question of how to introduce an ethnic perspective in the MDGs that especifically address the issue of health. This workshop was held in Brasilia, Brazil from December 1-3, 2004.

The workshop's objectives were as follows: (1) to facilitate discussion of the ethnic perspective with those in charge of formulating policies that support monitoring of the MDGs, together with leaders of ethnic Latin American communities and health experts; (2) to identify best practices in Latin American and Caribbean experiences to offer an ethnic perspective to the countries of the Region; (3) to devise strategies to facilitate the implementation of the MDGs with an ethnic perspective in Latin America and the Caribbean; and, (4) to share information on the monitoring of the MDGs and the Durban Conference.

In order to meet these objectives, the workshop brought together experts and community leaders who discussed questions that are critical for policymakers in the health sector. These questions were the following:

**What will be gained if the MDGs are attained using an ethnic perspective?**

**How will ethnic communities and their leaders contribute to the implementation of the MDGs?**

**How will the health sector help to involve ethnically/racially diverse Latin American communities in the implementation of the MDGs?**

The participants of the workshop are high-ranking officials in charge of policy-making, health experts, representatives of local and international NGOs, representatives of the United Nations Development Program and other United Nations agencies, the World Bank, and the Inter-American Development Bank, as well as members of regional and subregional agencies.

This publication contains the final declaration, which summarizes the principal agreements reached by government and civil society delegates, taking into account the input from experts in the subject.

# Declaration

We, the participants, thank Brazil's ministries of Health and of Foreign Affairs, and the Special Secretariat for Policies to Promote Racial Equality for their sponsorship, as well as the Office of the United Nations High Commissioner for Human Rights and the Pan American Health Organization for their role in organizing the regional workshop "Working to Achieve Ethnic Equity in Health: Ensuring that the Millennium Development Goals Include an Ethnic Perspective in Latin America and the Caribbean," held in Brasilia, Brazil, from December 1-3, 2004.

This document is the result of the assessment we made, in our capacity as experts from the health sector, ministries of health and foreign affairs, and other sectors, in conjunction with civil society representatives who work on health issues from a perspective of ethnic diversity.

## Background

In 2000, world leaders present at the Millennium Summit in New York approved the eight Millennium Development Goals (MDGs). The first goal is the eradication of extreme poverty and hunger. To this end, a target was set to reduce by half the proportion of people living on less than a dollar a day. The eighth goal, promoting a global partnership for development, reaffirmed the call for rich countries to provide debt relief, increase assistance, and give poor countries fair access to their markets and technology.

Regarding health, the Millennium Declaration set forth the following three specific goals: (1) To reduce child mortality; the target for 2015 is to reduce mortality among children under five by two-thirds; (2) To improve maternal health; the target for 2015 is to reduce by three-quarters the rate of women who die during childbirth; and, (3) to combat HIV/AIDS, malaria, tuberculosis, and other diseases; the target for 2015 is to halt, and begin to reverse, the spread of HIV/AIDS and the incidence of malaria, tuberculosis, and other diseases.

A dynamic analysis of the indicators of the Millennium Goals from the early 1990s to date shows that many obstacles preventing the eradication of poverty have yet not been overcome.

Good health is a prerequisite for the full enjoyment of life, for the effective enjoyment of human rights, and for socioeconomic development. Discrimination in various areas has played a crucial role in generating and

worsening the conditions that prevent victims from exercising their right to health. This right to health encompasses health care, as well as living and environmental conditions, which are determining factors.

The determinants of health include drinking water, sanitation, and adequate access to health information, including information on sexual and reproductive health. The right to health includes freedoms such as the right to be free from discrimination and the right to a system of culturally acceptable, good quality health protection.

In general terms, the right to health includes, in addition to the health factors already mentioned, access to health facilities, goods and services, and essential drugs.

The States that participated in the third World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance in Durban, South Africa, from 31 August to 8 September 2001, adopted the Durban Declaration and Program of Action, which continues to be the fundamental referent to guide actions aimed at implementing the universal principles of nondiscrimination and equity. The document not only sets out the solemn commitment of the States to eradicate racism and xenophobia, but also offers a functional approach for them to do so.

Regarding access to health care, paragraph 101 of the Durban Declaration and Program of Action calls on the States "to establish programs to promote access without discrimination of individuals or groups of individuals who are victims of racism, racial discrimination, xenophobia and related intolerance to health care, and to promote strong efforts to eliminate disparities, *inter alia* in the infant and maternal mortality rates, childhood immunizations, HIV/AIDS, heart diseases, cancer and contagious diseases."

MDG 4, 5, and 6 specifically refer to people's health. These three goals are listed below, as well as the targets expected to have been reached, for each one of them, by 2015.

**MDG4 – Reduce child mortality**

Reduce by two thirds the mortality rate among children under five.

**MDG5 – Improve maternal health**

Reduce by three quarters the maternal mortality ratio.

**MDG6 – Combat HIV/AIDS, malaria and other diseases**

- Halt and begin to reverse the spread of HIV/AIDS.
- Halt and begin to reverse the incidence of malaria and other major diseases.

Following up on the results of the Durban conference, we, the participants in this regional workshop, welcome the following:

- the establishment by the United Nations Human Rights Commission of the Intergovernmental Working Group on the Effective Implementation of the Durban Declaration and Program of Action and of the Working Group of Experts on People of African Descent; and,
- Brazil's proposal for the Santiago+5 Regional Evaluation Meeting.

## Principal agreements

Having considered the presentations by the panelists, the discussions brought to the table by the participants, and taking into account the appropriate practices adopted by the governments of the countries in the Region as well as the contribution of civil society organizations, the United Nations, and regional organizations in the struggle against racism, racial discrimination, xenophobia, and other related intolerance, we, the participants in the workshop agree that efforts should be redoubled to ensure that the Millennium Development Goals benefit the groups that are victims of racism, racial discrimination, xenophobia, and related intolerance.

*We, the participants in the workshop, agree that efforts should be redoubled to ensure that the Millennium Development Goals benefit the groups that are victims of racism, racial discrimination, xenophobia, and related intolerance.*

Furthermore, the participants in this workshop submit the recommendations listed below, so that they will serve as a guideline for the actions to be undertaken to "ensure that the Millennium Development Goals help to overcome racism, racial discrimination, xenophobia, and related intolerance."

These action guidelines are based on the visions of two groups of actors—civil society delegates and government delegates—both of which are instrumental for solving problems related to racism, racial discrimination, xenophobia and related intolerance associated with health issues in Latin America and the Caribbean.

## The civil society delegates submit the following recommendations:

1. That the Pan American Health Organization (PAHO/WHO), the Office of the High Commissioner for Human Rights (OHCHR), and the governments of the Region undertake a process to raise awareness and to build national

agreements with the ministers of health and with PAHO/WHO's national representatives on the importance of carrying out actions that take into consideration the special cultural, socioeconomic, political, and religious characteristics of Afro-Latin American communities, indigenous peoples, and other ethnic groups as one of the fundamental steps to attaining the Millennium Goals.

2. That the Latin American and Caribbean governments and PAHO/WHO, in cooperation with Afro-Latin American organizations and indigenous communities develop a strategy for including the ethnicity/race and gender variables into health-statistics systems, which should contain, among others, the following phases: (a) a regional process of discussion and training, aimed at delegates from Afro-Latin American and indigenous organizations and other ethnic groups, on the design and application of data-collection methods disaggregated by ethnic characteristics; (b) a study on the health situation of Afro-descendants and indigenous persons in Latin America and the Caribbean as a basic step in constructing an epidemiology of Afro-Latin American communities, indigenous peoples, and other ethnic groups. The study is to be developed by PAHO/WHO, the ministries of health of each country of the Region, and civil society organizations involved.

*. . . the importance of carrying out actions that consider the special cultural, socioeconomic, political, and religious characteristics of Afro-Latin American communities, indigenous peoples, and other ethnic groups as one of the fundamental steps to attaining the Millennium Goals.*

3. That the governments of the Region, PAHO/WHO, and the OHCHR recognize traditional medicine as a legitimate practice of Afro-Latin American communities and indigenous peoples, which contributes to and facilitates access to health and should therefore be included in the management of public health in the different countries to ensure coordination with different health models. We also request that the governments of the Region, PAHO, and the OHCHR ensure that the communities that have ancestral knowledge on health conserve their intellectual property rights to such knowledge.

4. That PAHO/WHO redouble its efforts to develop programs and actions aimed at Afro-Latin American communities and other ethnic groups so as to achieve results consistent with the Durban recommendations regarding health.

5. That the ministries of health create units and/or programs for the purpose of mainstreaming the ethnic approach toward policies and health programs and that these policies and programs target Afro-Latin American communities, indigenous peoples, and other ethnic groups.

6. That the ministries of health of the countries of the Region ensure the operation of fora and panels for dialogue/consensus-building on health for Afro-descendants and indigenous persons in the countries where such panels exist

and create them in those where they do not. To this end, the ministries should have the direct participation of civil society organizations and of PAHO/WHO.

7. That the ministries of health, PAHO/WHO, and the OHCHR support the actions of the different networks and regional and local partnerships of Afro-Latin American communities, indigenous peoples, and other ethnic groups.

8. That PAHO/WHO and the ministries of health of the Region commit themselves to identifying programs characterized by good practices in health that incorporate cultural diversity and that these be replicated.

9. That the governments, PAHO/WHO, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) step up activities to promote sexual and reproductive health and to prevent HIV/AIDS/STD, through the implementation

of programs, designed with the participation of Afro-Latin American communities and indigenous groups, thereby ensuring that the programs conform to the traditional practices of these communities and groups.

10. That the governments of the Region, in cooperation with PAHO/WHO and the United Nations, assume responsibility for combating: (a) "forgotten" diseases, especially Hansen's disease, malaria, and leishmaniasis; (b) diseases that more seriously affect ethnic groups —for example, sickle cell anemia,

cardiovascular diseases, and diabetes; (c) diseases known as "emerging diseases," such as cholera, measles, malaria, dengue, and yellow fever; and, (d) mental health problems related to discrimination.

11. That priority be given to primary health care programs that permit access to health care, disease prevention, and health promotion.

12. That within two years, PAHO/WHO, through the Gender, Ethnicity and Health Unit, develop programs to train and sensitize its staff members in order to lay the groundwork for actions and for the implementation of programs geared to Afro-Latin American communities, indigenous peoples, and other ethnic groups that take into account their traditional and cultural knowledge.

13. That the OHCHR and PAHO/WHO ensure that the topic of health and ethnicity is included at the follow-up events to the Durban conference—Santiago+5—by incorporating it in the priorities of the agenda and facilitating the participation of delegates from Afro-Latin American and indigenous organizations belonging to different networks and partnerships in the Hemisphere.

14. That the governments of the Region pay special attention to migrants and to displaced persons guaranteeing them access to social security. And, in particular, that they monitor and address the internal displacement in Colombia and in Haiti.

## The government delegates submit the following recommendations

We, the government delegates, express our special concern for the victims of racism and other forms of discrimination, which include Afro-descendants, indigenous peoples, women, refugees, migrants, internally displaced persons, persons with disabilities, the elderly, young people, and children, among others. Furthermore, we, the government delegates, express our profound concern over the fact that these population groups have economic and social indicators, especially in education, employment, health, housing, infant mortality, and life expectancy, that are below the average for the population of the States of the Americas. We, therefore, submit the following recommendations:

1. That international and regional organizations such as the PAHO/WHO, OHCHR, the Inter-American Development Bank, and the World Bank include

into their policies and health and human rights programs the Durban Declaration' resolutions and Programme of Action.

2. That international cooperation and technical assistance, as well as national, regional, and international partnerships be strengthened to help developing countries make mainstreaming anti-discrimination and anti-racism measures, actions, policies and programs in their health care systems a priority.

3. That international cooperation be marshaled to provide assistance to governments in developing effective methodologies to address poverty and to guarantee access to the right to health care by victims of racism and other forms of discrimination through a human-rights perspective.

4. That on the basis of the Santiago's declaration and plan of action, adopted in the preparatory Regional Meeting of the Americas held from December 5-7, 2000, "the States of the region reaffirm their commitment to address the manifestations of racism, racial discrimination, xenophobia and other forms of intolerance that occur for reasons of race, lineage, color, religion, culture, language, or national or ethnic origin and that are aggravated by reasons related to age, gender, sexual orientation, disability, or socioeconomic position."

We, the government delegates, express our special concern for the victims of racism and other forms of discrimination, which include Afro-descendants, indigenous peoples, women, refugees, migrants, internally displaced persons, persons with disabilities, the elderly, young people, and children, among others.

5. That the States incorporate an anti-discrimination perspective into health-related programs within the framework of their poverty-reduction strategies.

6. That the States introduce an anti-discrimination perspective into health policies and programs, especially regarding the education and training of health professionals, to ensure that they are aware of and sensitive to matters of race, ethnicity, and culture.

7. That strategies be developed to ensure that national health systems give the issue of discrimination visibility and that they do not generate discrimination while conducting their own activities. The responsibilities of persons and institutions working in human rights should include confronting discriminatory practices in health programs and providing assistance for the development of anti-discrimination programs.

8. That considering that "forgotten" diseases are an important challenge in Latin America and the Caribbean, the States lend financial support for research and development for programs to combat them, since these diseases mainly affect the poor and the victims of racism and other forms of discrimination.

9. That the States develop regional health care models with the participation of victims of discrimination in order to devise strategies within the organization and delivery of health services that respond to their needs and that result in access to physical, mental, and environmental health care.

10. That although the lack of quality data makes it difficult to conduct reliable comparative analyses, and difficult to ascertain the most common forms of discrimination and their repercussions, the regulation of health care should be made sensitive to the needs of the population and should include the victims

of racism and other forms of discrimination. This requires, therefore, that the governments assume a preventive role by determining where institutional racism exists. Hence, the States should support the generation of reliable data disaggregated by race, sex, and socioeconomic factors related to the health status of and the health care provided to victims of discrimination. Data should be gathered for the preparation and monitoring of policies and programs. This information should be compiled in a way that is acceptable to the individuals who are to provide it.

11. That the States ensure research on health care, that their programs give proper consideration to traditional knowledge that, in turn, may be translated it into effective clinical practices.

12. That since migrants, displaced persons, and refugees are vulnerable to greater health risks and face obstacles to receiving adequate health care, the States be responsive to migrants' special health needs. In this regard, special care should be taken to ensure the reproductive health of women migrants, displaced persons, and refugees.

13. That, since millions of people, particularly marginalized groups in developing countries, have HIV/AIDS, sickle cell anemia, tuberculosis, malaria, leprosy and other diseases, the States mobilize resources and boost their efforts to guarantee access to drugs, including generic drugs of good quality. And, that the States train their health professionals and upgrade health infrastructure to reduce mortality, especially among the victims of discrimination.

14. That the States include affirmative-action measures and temporary-quota systems in their national human rights plans, which may permit to overcome the underrepresentation of victims of discrimination, offering them equitable opportunities to participate in the administration of justice, in politics, education, health services, employment, and all other services, whether public or private.

15. That although in health system development strategies have been implemented that have not achieved equity in access to health services, the States draft sectoral policies, strategies, and financing plans to reduce the gaps caused by inequities in health, with particular attention to the victims of racism and other forms of discrimination.

16. That the States guarantee geographic access to health care to victims of discrimination that live in remote areas and, thereby reduce—above all—infant mortality.

**The government delegates:**

**Invite** the Intergovernmental Working Group on the Effective Implementation of the Durban Declaration and the Working Group of Experts on People of African Descent of the United Nations Human Rights Commission to consider the recommendations that have emerged from this Regional Workshop in their upcoming work sessions and to formulate specific proposals in this regard.

**Urge** the Pan American Health Organization and other relevant international organizations to promote and carry out activities that help to recognize that racism, racial discrimination, xenophobia, and related intolerance have a significant impact as social determinants of physical and mental health status,

which includes the HIV/AIDS pandemic and that, accordingly, they design specific projects —particularly research projects— to ensure that victims of racism and other forms of discrimination gain access to equitable health systems.

**Request** that with a view to reducing inequities during the entire life cycle, PAHO/WHO collaborate with the countries to determine which groups exhibit inequalities in health care or in access to services, focusing on the victims of racism and other forms of discrimination.

**Ask** that PAHO/WHO prepare national studies to serve as the basis for a regional health assessment of Afro-descendants, indigenous peoples, women, refugees, migrants, internally displaced persons, people with disabilities, the elderly, young people, and children, among others.

**Value** the positive contribution of civil society organizations in regard to raising awareness and in engaging in the struggle for the eradication of all forms of racism, racial discrimination, xenophobia, and related intolerance.

**Agree** on the need to strengthen cooperation, establish partnerships, and consult regularly with civil society organizations to take advantage of their experience and knowledge, and of utilizing it for drafting laws, policies, and programs aimed at eradicating all forms of racism, racial discrimination, xenophobia, and related intolerance.

We, the government delegates value the recommendations issued by civil society participants in the Regional Workshop and commit to submitting them to the competent authorities.

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"Some groups suffer in disproportionate degree. People of African ancentry as well as indigenous populations continue to be discriminated against, whether they constitute a majority or a minority [. . .]. A development strategy worthy of that name cannot ignore the evident inequalities among the different social groups, which become even more so when the socioeconomic differences coincide with ethnic divisions."

Kofi Annan
Secretary General of the United Nations

*Iberoamerican Summit, 2003*

"To extend social protection in health is one of the six central strategies of the new agenda of health sector reform that PAHO/WHO promotes in the countries, in light of the urgency to reduce the growing exclusion of enormous sectors of the population that today do not have access to health care for reasons related to their conditions of ethnic group, rurality, economic, and social situation."

Mirta Roses Periago
Regional Director
Pan American Health Organization

*At the signing of a Cooperation Agreement with the Instituto Guatemalteco de Seguridad Social, 2005*

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