

Directing Council
PAN AMERICAN
HEALTH
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XL Meeting

Regional Committee
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XLIX Meeting

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HEALTH OF INDIGENOUS PEOPLES

In 1992 the Subcommittee on Planning and Programming of the Pan American Health Organization, concerned about growing evidence of the inequities in health status and access to basic health care of 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 Resolution CD37.R5 was adopted by the XXXVII Directing Council (1993).

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.

At its 120th Session in June 1997, the Executive Committee studied Document CE12017 and adopted Resolution CE120.R10 for the consideration of the Directing Council (see [Annex C](#)).

EXECUTIVE SUMMARY

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.

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. 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 Directing Council (1993).

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.

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

In implementing Resolution CD37.R5 and the Initiative, a number of important lessons have been learned which will provide criteria for reorienting future work. Resource mobilization has taken longer than anticipated when the Plan of Action 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. 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. Not enough progress has been made in the systematic participation of indigenous individuals and their organizations.

Based on the experience gained during 1993-1996, and in particular after two years of implementing the 1995-1998 Plan of Action, 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.

The Health of Indigenous Peoples Initiative is an opportunity to show that we are serious about the search for equity and the value we place on diversity, and it demonstrates our commitment to the goals of the Decade of the World's Indigenous Peoples. It encourages countries to detect and monitor inequities based upon ethnicity and to put programs and processes into place which will result in improved health status and access to health services for the indigenous peoples of the Americas.

As its 120th Session in June 1997 the Executive Committee reviewed Document CE120/17 and expressed concern for the inequities in health status of the indigenous peoples of the Region of the Americas and reaffirmed the commitment to the Health of Indigenous Peoples Initiative created by Resolution CD37.R5 in 1993. In consideration of the economic, geographic, and cultural barriers to the efficient and effective delivery of health services, the Executive Committee recommended that the Directing Council consider adoption of a resolution (CE120.R10, annexed) which addresses inequities as well as barriers to care, and which reaffirms the Organization's commitment to the goals of the Decade of the World's Indigenous Peoples.

TO CONSULT THE COMPLETE DOCUMENT YOU MAY [CLICK HERE ON DOC. NO. 135, CE120/17](#), presented to the 120th Executive Committee.

CE120.R10
HEALTH OF INDIGENOUS PEOPLES

THE 120TH MEETING OF THE EXECUTIVE COMMITTEE,

Having reviewed the document on the health of indigenous peoples (Document CE12017),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

THE XL MEETING OF THE DIRECTING COUNCIL,

Having examined the report on the health of indigenous peoples (Document CD4014);

Recognizing the growing evidence of inequities in health status and access to basic health services for the estimated 43 million indigenous persons in the Region of the Americas; and

Considering the economic, geographic, and cultural barriers to the efficient and effective delivery of public health and personal health care services in isolated rural and marginal urban areas in most countries,

RESOLVES:

1. To take note of the report on progress in the implementation of Resolution CD37.R5, to reaffirm the commitment to the goals of the Decade of the World's Indigenous Peoples, and to approve the activities proposed in Document CD4014.

CD4014 (Eng.)
Annex C

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2. To urge the Member States, in the process of the implementation of health sector reform, to be persistent in efforts to detect, monitor and reverse inequities in health status and access to basic health services for vulnerable groups, including indigenous peoples.

3. To call to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups.

4. To request the Director to continue his efforts to implement the Health of Indigenous Peoples Initiative.

*(Adopted at the seventh plenary session,
26 June 1997)*