HEALTH OF THE INDIGENOUS PEOPLES OF THE AMERICAS

CONCEPTS, STRATEGIES, PRACTICES AND CHALLENGES

Pan American Health Organization

Regional Office of the World Health Organization

Technology, Health Care and Research Area
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José Luis Di Fabio, MD. PAHO/WHO
Manager Technology, Health Care and Research Area

Rocío Rojas Almeida, MD. PAHO/WHO
Regional Adviser on Health of the Indigenous Peoples

Text Edition
Franklin Quizhpe, Saraguro People, Ecuador

Graphic Design
Franklin Quizhpe, Saraguro People, Ecuador

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Franklin Quizhpe, Saraguro People, Ecuador

Photographs Credits
Aldo Lo Curto, Brasil
Rocío Rojas Almeida, PAHO/WHO
Armando Waak, PAHO/WHO
Franklin Quizhpe, Saraguro People, Ecuador

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We must particularly acknowledge and thank the members and representatives of indigenous communities themselves, who have allowed us to work with them and learn from them the importance of the implementation of a holistic approach in health care, as a syn-

onym of equitable individual and collective well-being.

This publication has been inspired by indigenous peoples' wisdom and the urgent need to address the health problems that affect most of their communities, thus, they deserve special mention.

José Luis Di Fabio, MD.
Manager Technology, Health Care and Research Area
PAHO/WHO

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The Institutional Authors

The Pan American Health Organization (PAHO)

The Pan American Health Organization (PAHO) is an international multilateral organization specialized in public health. It is composed of 39 Member States. As a specialized agency of the Organization of American States (OAS), it belongs to the Inter-American System and, as the Regional Office of the World Health Organization (WHO), it is also a member of the United Nations system.

PAHO's mission is to lead strategic collaborative efforts among Member States and other partners to promote equity in health. This mission must be accomplished in a rather diverse universe determined by the multilingual, multi-ethnic and multicultural diversity of the Region's population and the presence of different views on health and health care.

Since 1992 PAHO has made systematic efforts to improve the health conditions of indigenous peoples in the Americas. These efforts were made in re-

sponse to calls from the indigenous movement for increased attention to health, education, environmental issues and human rights. The actions deployed by PAHO have taken place within the framework of five principles and three resolutions signed and ratified by Member States.

RCD 37.R5 (1993)
RCD 40.R6 (1997)
RCD 47.R18 (2006)

GUIDING PRICIPLES OF THE HEALTH OF THE INDIGENOUS PEOPLES INTIATIVE	
(1)	The need for a holistic approach to health
(2)	The right of indigenous peoples to self-determination
(3)	Respect for and revitalization of indigenous cultures
(4)	Reciprocity in relations
(5)	The right of indigenous peoples to systematic participation

The Issues

This publication will examine the health of indigenous peoples by taking into account their holistic views of health, as well as the different factors that have had an impact on their well-being. In addition, this publication will highlight the experiences of integrating an intercultural approach by countries in the egion to the health of indigenous peoples.

Several concepts will be reviewed and data will be presented to illustrate the heterogeneity of the lives and health conditions of indigenous peoples. PAHO's Strategic Lines of Action regarding the health of indigenous peoples will be detailed, together with a summary of progress achieved and the challenges faced.

This information is an opportunity to deeply reflect on different processes currently underway in the Region.

Suggestions from readers interested in contributing to an improved understanding of the health of indigenous peoples are welcome . Communications should be addressed to: Rocío Rojas, MD., Regional Adviser on Health of the Indigenous Peoples, PAHO (rorojas@ecu.ops-oms.org).

Concepts

Population and Indigenous Peoples

ILO Convention (N° 169) concerning Indigenous and Tribal Peoples in Independent Countries (1989), under Article 1, recognizes as indigenous, that distinct section of the national community which is understood to consist of "tribal peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations", it also applies to "peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonization or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural, and political institutions". The concept of *people* refers to a set of characteristic features that define and give a sense of identity to a human group based on its territory, history, culture and ethnic origin.

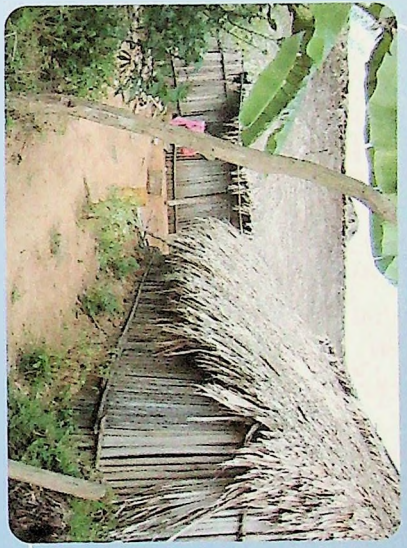
Between 45 and 50 million indigenous peoples, belong to more than 600 different peoples (groups?) and live in 24 countries throughout the Americas. They are the basis upon which the plurality of contemporary multicultural, multiethnic and multilingual societies of the region are built.

They are currently known, *inter alia*, as:
Indigenous peoples, indigenous populations, original peoples, autochthones peoples, native communities, tribes, nations, Native Americans, ethnic groups, first nations, nationalities, peoples, societies or Amerindians.
Several indigenous peoples demand to be designated by their specific names, for instance, the Maya People, the *Garifuna* People, and the *Ona* People, the *Chorti* People.

International resolutions, conventions and declarations use the term indigenous peoples.

Reminder: Wherever reference is made to indigenous peoples, the reader should recall that names may vary from one country to another, depending on its historical, geographical, political and cultural context.

Context and Organization



How Are They Organized?

In their relationship with society, indigenous peoples follow traditional and ancestral patterns of organization in the pursuit of their goal of establishing links at local, national and regional levels Their own organizations have the same hierarchical structure. Such relationships start at the community level through the roles played by traditional authorities, formal and informal leaders, and community members who may not have a specific function but deserve respect. There is also an organizational relationship based on gender and civil status.

A proper understanding of these organizational processes enables a respectful and legitimate approach to the community. This is the level at which action plans will be designed, developed and implemented and where health projects will be promoted as actions aimed at the development of indigenous peoples.

Worldview and Health

Worldview and Health

Worldview and Health

Worldview, Health – Illness

Culture can be defined as a pattern of beliefs, thoughts, values, practices, communications, behaviours – view of the world – and institutions (family, religious, economic and political institutions) which are characteristic of and help to preserve a specific social group. Ethnicity, race, the socioeconomic level and geographical environment in various combinations shape different cultural contexts.

Throughout its own historical development, each culture has identified different responses to fundamental problems such as life, death, sickness and health. However, these responses do not depend solely on internal dynamics; they are significantly bound by external conditioning factors. As far as the health – illness equation is concerned, distinctive categories, models, ideas and practices have emerged according to each culture's fundamental view of the world, their social and economic history and their geographic or natural environment. Consequently, these responses are not necessarily identical or valid for all cultures (1).

The World Health Organization defines *health* as the biological, psychological and social well-being of an individual. For indigenous peoples, well-being is the harmonious coexistence of the elements of health, including the right to have an understanding of and control over the lives and the rights "of human beings to live in harmony with nature, with themselves and with each other, in order to achieve a holistic state of well-being and fulfilment, as well as spiritual, individual and social peace". In other words, by incorporating several paradigms based on indigenous perspectives, the concept of health finds expression through the balance between the inseparable components of the individual (physical, mental, emotional and spiritual) and the collective components (ecological, political, economic, cultural, social and – once again, spiritual) . This holistic conception of health encompasses the biological, psychological, social and spiritual well-being of an individual and of his or her society / community under conditions of equity.

The indigenous peoples of the Region have developed an extremely complex and well-structured (both in contents and internal logic) set of practices and beliefs about the human body and how to live in harmony with other human beings, nature and the spiritual world. The strength and survival of indigenous peoples is significantly linked to the efficiency of their traditional health systems, whose "main conceptual axis" or *view of the world*, is based on equilibrium, harmony and a holistic approach to ??.

The set practices and knowledge of indigenous peoples of the Region, referred to as Traditional Medicine, will also be labelled as as *traditional health systems or indigenous health systems* (2). Traditional indigenous health systems encompass an entire body of ideas, concepts, beliefs, myths, rituals and procedures, whether explainable or not, related to

physical or mental illnesses or to social imbalances among a specific group of people. This knowledge explains the etiology, the nosology (?) and procedures for the diagnosis, prognosis, treatment, cure and prevention of illnesses. Indigenous peoples transmit this knowledge orally and traditionally from one generation to another. Thus, medicine is local, collective, anonymous and contains a deeply universal message.

In traditional health systems, *sickness* is defined from a social perspective as the interference in an individual's normal social behaviour and his or her ability to work. Most indigenous peoples divide diseases into two groups: land diseases, which stem from supernatural causes (incantations, winds, spirits - that act either on their own or invoked by magic procedures) and; God's diseases, of an unknown origin to the indigenous mythical realm. Different techniques are used to establish a diagnosis and prognosis of an ailment: candles, guinea pigs, eggs or the patient's urine. In general, each therapist applies these techniques according to his or her training, powers and preferences. Other practitioners establish their diagnosis and prognosis while under the effects of hallucinogenic plants or dream interpretation. Treatments include rituals, plants, human substances derivatives, minerals and animals.

Individuals go to *traditional therapists* (3) for various reasons; to seek help when confronted with an illness, to protect themselves from potential diseases and/or to reassert their physical condition. Traditional therapists' care is based on their knowledge of diseases and the underlying meaning of these diseases. The purpose of treatment is to restore a balance that has been somehow lost and the therapist's intervention is effective when,the unity and harmony of the patient can be restored, together with the unity and harmony between the patient and his or her surroundings (4).

Through their close relationship to nature, indigenous peoples have attained full knowledge of the classification, composition, uses and protection of plants found in their habitats. Plants are part of indigenous peoples' daily existence and culture; the uses and categories of plants are intertwined with the magical and religious aspects of their worldview. When we examine traditional health systems, we acknowledge that we are dealing with elements that include far more than potent therapeutic substances extracted from medicinal plants. For this reason, medicinal plants deserve a special place within traditional health systems and, thus, in the culture of indigenous peoples.

Although specialized therapists have mastered this medical knowledge, all community members know the general rules and concepts of indigenous medicine. Traditional medical therapies and practices can be applied at home at any given moment. Any adult man or woman could be an herbalist, cleanser or shadow caller (5). Parents are often the first ones to provide care and initial treatment to their sick children. This could involve different herbal teas or concoctions, depending on whether the ailment is due to excessive heat or cold; "ill-wind cleansing" with nettle, eggs or guinea pigs; or "spirits call" if the patient suffers from "fright". Childbirth attendants are usually the mother or the mother-in-law of the woman in labour, without the presence of a midwife. Many commonly known illnesses, if considered minor, will be treated at home without help from a traditional therapist or a midwife. In this context, the core family, the extended family, neighbours and close friends become the main health care providers. Women play a leading role in community health care and in the preservation of its culture, including traditional medical knowledge (6). The magical connotation often associated to traditional healers or therapists acts as a catalyst

in the use of his or her "powers" by community members. Depending on the healer's or therapist's origin, he or she might have received a call either from God or from the mountains. Oftentimes, they might have felt their "powers" after bathing in "wild" lakes or springs or they might have been blessed with "luck" , giving them the ability to exercise their medical art. Moreover, they may have inherited the art of healing or they may have been called to become a therapist as a means to accomplish their mission on Earth. A community's healer is irreplaceable in so far as he or she has a profound knowledge of the laws that regulate balances and imbalances at the origin of health and illness. Indigenous peoples recognize in the healer the indigenous champion of their identity and the indigenous person who reaffirms their knowledge and values through their craft.

"If you believe in the *Apus* (gods, spirits), they will cure you" is the symbolic expression constantly reiterated to the patient by the *altomisayoq*, or traditional therapist, when treating a disease. This belief reaffirms the cultural identity of the Andean patient. Cultural identity is extremely important for both the patient and the Andean traditional medical practitioner as he or she must remember the "land they come from" or "who he or she is". These elements will give both the patient and the healer the necessary faith and confidence required to ensure proper healing.

Living Conditions

Health Status and Living Conditions of Indigenous Peoples

Indigenous communities have what is known as **epidemiological accumulation.** This notion refers to the persistence and exacerbation of health problems related to unsatisfied basic needs (communicable and deficiency diseases, including STIs, HIV, AIDS and tuberculosis), together with a steady rise in morbidity and mortality linked to chronic and degenerative diseases (cardiovascular diseases and cancer). This is further compounded by public health problems associated with urbanization, industrialization and the sprawling adverse effects of the affluent society (i.e. violence: suicides, homicides and accidents; alcoholism and drug abuse; pollution, environmental degradation and destruction of the environment). Indigenous adolescents and young adults suffer from a lack of opportunities and inequity. In the case of young indigenous women, their health profile is aggravated by problems linked to their reproductive functions and the discrimination they face being female, indigenous and oftentimes illiterate and monolingual.

The following chart responds to the need to apply the con-

tents of the Millennium Development Goals to different realities. It also shows the burden of disease and inequity that affect indigenous peoples in the Americas. Real solutions to these challenges, as demanded by indigenous leaders, will require the incorporation of indigenous peoples' concepts of poverty, alliance and development.

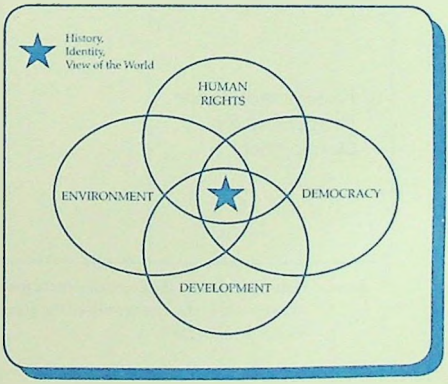
Issue	Country	Indigenous	Not Indigenous
1. Poverty	Canada	34%	16%
	Chile	32.2%	20.1%
2. Illiteracy	Bolivia	19.61%	4.51%
3. Gender Equity and Women's Autonomy	Guatemala	Illiteracy among indigenous women varies between 50% and 90%. Only 43% of them finish elementary school, 5.8% finish high school, and 1% gets a higher education.	
4. Child Mortality	Panama	84/1,000 live births	17/1,000 live births
5. Maternal Mortality	Honduras	255/100,000 live births (Intibuca)	147/100,000 live births
6. Fight against malaria, HIV/AIDS and other diseases	Nicaragua	90% of malaria cases caused by falciparum are concentrated in 24 municipalities with indigenous populations.	
7. Environmental Sustainability and Nutritional Status	El Salvador	95% surface water sources are contaminated. Malnutrition in children and adults is associated with parasites. 40% of indigenous children suffer from malnutrition, compared to the national average of 20%.	
8. Foster a Worldwide Partnership for Development		Indigenous peoples share similar problems (i.e. similar epidemiological profiles, presence of refugees, changes in lifestyles, acculturation, advance in the frontiers of development, loss of territory), particularly for those living in border areas. Thus, there is an urgent need to coordinate efforts aimed at the development and/or the implementation of international and subregional agreements in the Region.	

Source: Data provided by the countries participating in the national evaluation of health achievements within the framework of the International Decade of Indigenous Peoples of the World. PAHO. 2004

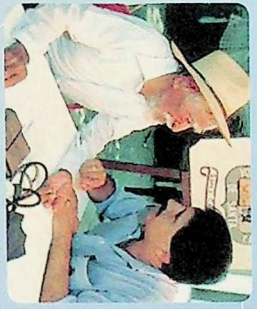
A Multidisciplinary Approach to Indigenous Peoples Problems

Inequity, as faced by indigenous populations, requires an approach that intersects with a number of issues including human rights, democracy, development, environment and an understanding of their cultural identity and worldview, through a new approximation to their history. In practice, adequate legal frameworks must exist and be applied in order to address these determinant factors of exclusion. These legal frameworks must prioritize the development of indigenous peoples and the consolidation of multidisciplinary as well as intra and intersectoral joint cooperation processes.

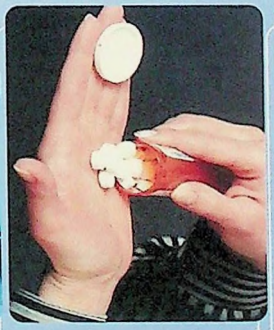
Multidisciplinary approach to indigenous peoples problems



A Holistic Approach






A Closer Look Into a Holistic and Intercultural Approach to Health

Discussions, under various formats and categories have enriched a holistic and intercultural approach to health. This has been translated into the harmonization of indigenous and conventional health systems and has materialized in the incorporation of indigenous perspectives, medicines and therapies into primary health care models. As such, conciliation, concerted action, mediation, association and harmonization of traditional and conventional helth systems is needed in order to achieve an efficient health care system that takes these factors into consideration.

Intercultural Dynamics

Past and recent developments in the history of the Region have determined a number of relationships between cultures. In most societies, such relationships are asymmetric, subordinated or conflictive. Official history has failed to consider the vision of many of the leading characters in these processes.

In the midst of such a dynamic environment, the search for joint strategies to address the health – illness equation implies revisiting concepts of practices used by "others" in order to find a convergence between two or more visions on potential solutions to health problems. These solutions might stem from different contextual frameworks. Furthermore, there is an urgent need to change paradigms since this search will lead to an analytical process that is not based on a biomedical perspective, but rather on sensitivity towards and respect for differences .

The proposal to incorporate an intercultural approach to health in the work with multicultural populations is relevant in so far as it makes it possible to understand the place and role played by each culture within national societies and the social determinants that affect their lifestyles and health status. Furthermore, it provides an insight into the daily interaction between and within non- indigenous and indigenous cultures. The challenge in achieving equity is reaching a common understanding from intercultural dynamics.

The concept of intercultural interaction involves respectful and equitable interrelations in dealing with the political, economic, social, cultural, age, linguistic, gender and generational differences which may have emerged in a specific context between cultures, peoples or ethnic groups in order to build a fair society.

In practice, the intercultural approach to health is understood as the balance between different elements of knowledge, beliefs and cultural practices related to health, disease, life and death, as well as biologic and social issues which are perceptible through visible expressions and through a cosmic and spiritual dimension.

The already precarious living and health conditions and the low health coverage in rural

areas, reach critical levels in areas inhabited by indigenous populations. The life and culture of indigenous peoples are revitalized by a heritage of collective knowledge, traditional practices, indigenous medical therapists and community resources. Though invaluable assets in confronting such a complex epidemiologic profile, they just partly cover indigenous peoples' health needs.

> "... Just as Mother Earth is exhausted and requires attention, our health and the health of our children has been deteriorated by malnutrition, scabies, diarrhoea and other diseases and require medicines. We can no longer rely solely on the help of midwives and healers, even if they are meticulous, respectful, patient and caring in the way they heal us."

Therefore, strategies must be identified to reach this population through formal health systems. But these strategies must also take into account their cultural differences, language, communication, values, beliefs, social organization, lifestyles, time conception as well as their own community therapeutic resources.

The creation of a multidisciplinary team is of paramount importance, together with the inclusion of community members with health knowledge. The latter will bring an insight into the social and cultural factors that have an impact on the improvement of health care and access to health services, thus facilitating the expansion and extended coverage of health care in areas inhabited by indigenous populations.

The challenge for public health services is to translate quantitative and qualitative data into operational information that could be useful in understanding the indigenous perspective of health and their existing resources. As well, this information could assist in the development of a culturally appropriate health model.

This model should provide quality health care from both the technical dimension and the user's point of view.

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

Human resources, infrastructure, equipment and adequate inputs for specific epidemiological profiles are important elements in the provision of public health services. However, this becomes a matter of concern if we consider that such resources have remained concentrated in urban areas or areas of easy access, while indigenous populations and other ethnic groups have been faced with shortcomings in the organization and response to conventional health services.

Most of the 45 million indigenous people living in the Americas face increasing inequity in health care and access to basic health services.

Thus, in the implementation of the principle of equity:

a) States must reduce as far as possible all unjust and avoidable differences, through the implementation of intercultural policies;

b) Populations must receive care according to their needs and they must contribute economically according to their ability to pay;

Intercultural Interaction: Framework for Policy-Making with Indigenous Peoples

The framework presented below is based on three principles. Each principle has a specific approach that guides cross-cutting actions and includes criteria to identify indicators to assess their effective application.

The key principle under this framework is the overall respect for fundamental human rights and for *the right to life,* in particular. The application of this principle requires the development of policies that promote multidisciplinary and intersectoral coordination and cooperation, as well as vertical integration. In other words, it ensures consistency between domestic, regional, international and global policies on the health of indigenous peoples.

Another principle is the *recognition of the existence of indigenous peoples.* This implies a steady progress towards the self-determination of indigenous peoples and their right to control all aspects of their future, including health. The strengthening of their technical, administrative, managerial and political capabilities is essential for the equitable exercise of their rights. Similarly, the protection of ancestral knowledge should be assured through the respect of intellectual property. Consequently, policies should promote formal mechanisms to be applied by agencies and institutions entrusted with the joint development of health policies together with indigenous peoples. This will ensure their participation in health policy-making bodies and enable them to gain greater control over their services, resources and health.

None of the above will be possible without the *political will of States* that are committed to the promotion of equity amongst the peoples and inhabitants of their countries.

The following components are required in adequate policy-making: quality information, responsibility and the availability of technical and financial resources. The starting point of such policies must be a definition of ethnicity which should be compatible with the perception of indigenous peoples, combined with the development of both conventional and supplementary indicators to measure positive results, as perceived by indigenous peoples. Moreover, these policies must promote joint management mechanisms to foster official relationships between indigenous peoples' organizations and governmental health policy-making bodies.

Intercultural Interaction: Framework for policy-making with indigenous peoples

Principles (Standards)	**Approaches** (Cross-cutting actions)	**Criteria** (References to develop indicators)
1. Respect for fundamental human rights (particularly the right to life)	Interconnection	Multidisciplinary focus
		Intersectoral action
		Vertical integration
2. Recognition of the existence of indigenous peoples	Self-determination	Control
		Capacity-building; cultural adaptation
		Intellectual property
3. Political will from States	Equity	Quality information
		Accountability; responsibility
		Technical and financial resources

WHO, 1998; PAHO, 2003

At other levels, countries should be accountable for their progress or lack of progress therein through the submission of reports on the health of indigenous peoples in international fora.

As far as the allocation of resources is concerned, the role of policy should be to promote the availability of additional resources and other types of resources, in order to achieve equitable results. Examples of these resources include the access of indigenous peoples to their lands and natural resources, the availability of therapists and medicines; the ability to care for the elderly (the custodians of traditional knowledge); access to culturally adequate health services; and to the opportunity to use their own languages in daily life.

In this sense, intercultural *interaction is a political task* that should be geared towards the legitimate recognition or acknowledged visibility of indigenous populations, their knowledge, lifestyles and social organization. It will be necessary to understand the similarities and differences among equals. In order to achieve this, policies that respect differences and promote equity must be proposed.

Intercultural Interaction shall generate consensus, as well as multisectoral and multidisciplinary processes. It should identify clear methods and actions to achieve real equity; the type of equity that values differences and emphasizes a culture of health rather than disease. This will legitimize the knowledge of different health systems through agreements, dialogue and consensus in a climate of mutual respect, reciprocity and interdependence. Furthermore, it will contribute to the strengthening, of a bottom-up exchange of local expressions and experiences that could contribute to the dissemination of lessons learnt by different networks and audiences.

A Sociocultural Analysis that Takes Into Account a Holistic Approach to Health

At present, general overviews of health systems are based on conventional screening parameters which break down the population into different categories and subcategories. Often parameters such as the official recognition of a population remain oblivious to the existence, realities and perspectives of indigenous peoples. "Filters" used in conventional analysis classify people as: poor, marginalized, vulnerable, fragile, at risk, etc. These categories marginalize indigenous and other groups , making them "invisible".

A sociocultural analysis proposes the acknowledgement of the multilingual, multi-ethnic and multicultural characteristics of the population of the Americas and, thus, the relevant presence of indigenous and black peoples.

This recognition implies a cross section integration of indigenous peoples' perspectives, culture and worldview in both the analysis of living conditions and health status, as well as in the development of strategies to meet these needs. It has become essential

for both indigenous and non-indigenous populations to understand indigenous history and lifestyles and the contributions indigenous peoples have made to society.

Sociocultural Analysis Main Axis

In this context, it is of paramount importance to understand indigenous peoples perspectives of development, health, disease, social participation, poverty, etc.

For instance:

> Wealth is the sum of cultural and linguistic potential, the capacity for social control and leadership, access to land and to different ecologic strata, the link with community power and the adherence to community principles such as solidarity and reciprocity. A person is considered to be poor if, notwithstanding his or her material richness, he or she is deprived of these instances.

Application of a Sociocultural Analysis to Health Care Systems and Services

The characterization of different population groups, the understanding of values and beliefs systems that determine processes aimed at preserving and restoring health, together with the need to tap community resources, promote an intercultural and holistic approach to health based on the harmonization of traditional and conventional health systems.

Conventional analyses tend to homogenize both population and health care, while a sociocultural approach would seek to **make the population heterogeneity visible**.

The challenge in an intercultural approach to health is to generate opportunities for dialogue and communication between cultures in order to empower excluded peoples and create greater awareness amongst those that enjoy a privileged position.

Though traditional, alternative and complementary therapies and medicine have gained importance as a source of wealth in the daily existence in several countries, only a few of them mention indigenous therapies and medicines as an integral part of their health sector.

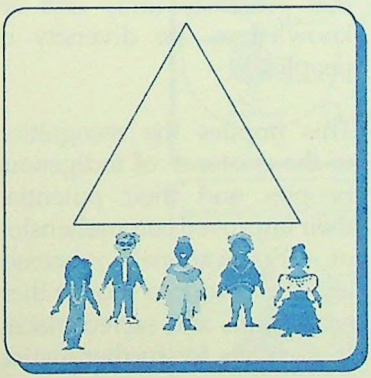
The intercultural approach to health involves the recognition of human and therapeutic resources, together with strategies that reach beyond conventional health systems paradigms.

Indigenous health systems, like conventional health systems, have strategies for treatment, prevention, rehabilitation and health promotion. Their human resources, infrastructure and inputs follow their own structure and rationale.

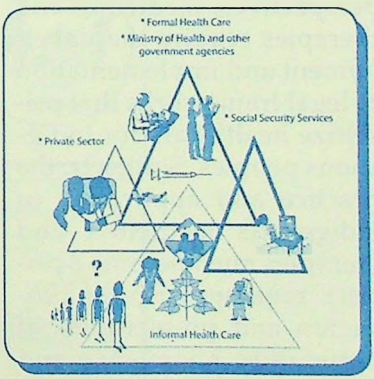
For instance:

While the term 'therapists' in conventional health systems includes physicians, nurses, laboratory technicians, dentists, health promoters, etc., in indigenous health systems only the *yachaks, sukias, pajuyucs, machis,* midwives, bonesetters, shadow callers, herbalist, etc. appear under the list of therapists.

Heterogeneity of population



Heterogeneity of health strategies and resources



"There are diseases that a physician cannot cure and are cured by the *shapori*; there are diseases that the *shapori* cannot cure and are cured by the physician. There are diseases that cannot be cured neither by the physician, nor by the *shapori*". Diseases and their cure are not the only spheres of responsibility of a shaman; they are just a part of his or her scope of action that involves the relation with the cosmos and with the natural and social order of his or her community.

Mainstreaming indigenous perspectives, medicines and therapies require the development and implementation of legal frameworks that prioritize health care for indigenous peoples. Similarly, the practice and application of indigenous medicines and therapies must become a priority, together with the protection and preservation of community knowledge and resources, while understanding the components and response capacity of each health system. This implies the generation of knowledge and paradigms that would broaden conceptual frameworks and promote an improved understanding of the indigenous worldview and its incorporation into human resources training and development, as well as in the adaptation of conventional health programs to the realities of indigenous communities.

The harmonization of indigenous and conventional health systems requires a fostering of the social, economic, political and human development of indigenous peoples in a way that promotes unity and acknowledges the diversity of peoples.

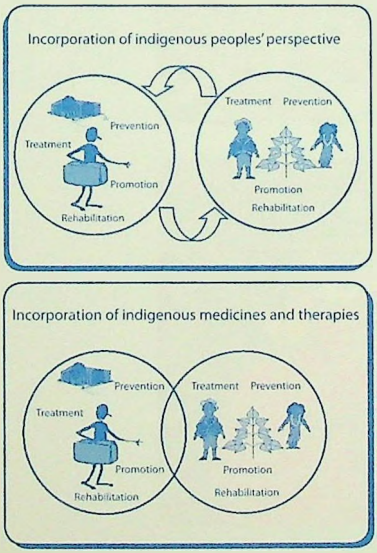
This implies the recognition of the existence of indigenous peoples and their potential, their improved comprehension of organizational processes and their work to protect their ecosystems and sacred places. It also calls for further justice, legislative review and the cul-

tural adaptation of health and welfare programs in order to strengthen indigenous cultures and their links with the State.

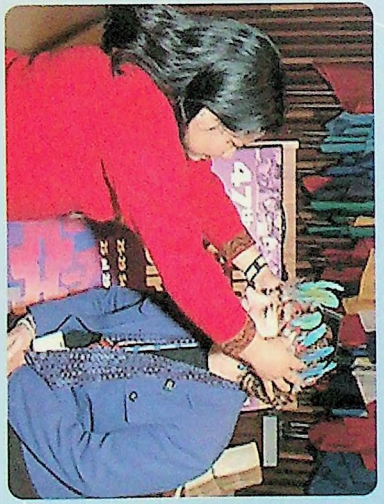
At managerial and operational levels, health staff must foster the empowerment of indigenous peoples ensuring the development of strategies that combine community and institutional visions. It is important to maintain a respectful approach to communities and indigenous peoples through legitimate channels, and to establish proper coordination mechanisms with different community stakeholders. This will contribute to ensure the success and sustainability of proposed processes.

Realistic goals must be set and commitments must be complied with in order to restore indigenous peoples' confidence before any planning effort is undertaken. The community's perception of time and space, as well as its environment should be duly taken into account.

Health systems - models of care



Strategies



Strategies

The Pan American Health Organization

The Pan American Health Organization's (PAHO) initial systematic actions regarding the health of indigenous populations date from 1992 when, within the context of the 500 years of the discovery of the Americas, it responded to demands from the indigenous movement for increased health care, education, environment conservation and human rights protection. In 1993, Member States confirmed this approach with the approval of Resolution CD37/R.5, at the origin of the Health of Indigenous Peoples Initiative. This resolution was ratified in 1997 by Resolution CD40R.6 and was adopted within the framework of the International Decade of the World's Indigenous Peoples. In 2004, after assessing the results of the Decade, the delegates from 19 countries recommended the strengthening of the Health of Indigenous Peoples Initiative. In 2006, with the adoption of Resolution CD47/R.18, PAHO's Member States reasserted their commitment to the health of indigenous peoples within the framework of the

implementation of the Millennium Development Goals, the renewed emphasis on primary health care and the achievement of the objectives of the Second International Decade of The World's Indigenous Peoples.

The technical cooperation endeavours of the Pan American Health Organization and Member States actions are based on the key principles of the **Health of Indigenous Peoples Initiative**. These principles call for the permanent participation of indigenous peoples and the respect for and recognition of their ancestral wisdom.

The Health of Indigenous Peoples Initiative has been unique in combining the efforts of PAHO-promoted programs and country proposals. The Initiative has been effective not only in advocating for the well-being of indigenous peoples of the Americas in local, national and regional fora, but also in the creation of strategic partnerships and alliances to promote processes geared towards the improvement of indigenous peoples' health status. Amongst others, the achievements, policies, strategies, plans, projects and programs established for human, community and institutional capacity building deserve a special mention.

The conceptual and methodological development of the intercultural approach to health based on individual Member States concrete experiences has been an important reference in the effort to bring health care closer to indigenous communities. In addition, it has helped achieve increased efficiency in the delivery of health services by taking into account indigenous resources, perspectives, practices, therapies and medicines. Furthermore, the production and dissemination of technical, scientific and public information has enabled the social exchange of individual countries experiences and has provided incidence numbers on the production and use of knowledge about indigenous peoples' health.

The following strategic lines of action are proposed for the 2006 – 2011 period:

1. To ensure incorporation of indigenous perspectives into the Millennium Development Goals and national health policies;
2. To improve information and knowledge management on indigenous health issues to strengthen regional and national evidence-based decision-making and monitoring capacities;
3. To integrate an intercultural approach into the national health systems of the Region as part of the primary health care strategy; and
4. To develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous peoples.

The International Labour Organisation

Convention (No. 169) concerning Indigenous and Tribal Peoples in Independent Countries

Part V. Social Security and Health

Article 24

Social security schemes shall be extended progressively to cover the peoples concerned, and applied without discrimination against them.

Article 25

1. Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health.

2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in co-operation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines.

3. The health care system shall give preference to the training and employment of local community health workers, and focus on primary health care while maintaining strong links with other levels of health care services.

4. The provision of such health services shall be co-ordinated with other social, economic and cultural measures in the country.

United Nations Permanent Forum on Indigenous Issues

Objectives of the Second International Decade of the World's Indigenous People

1. The objectives of the Second Decade are as follows:

Promoting non-discrimination and inclusion of indigenous peoples in the design, implementation and evaluation of international, regional and national processes regarding laws, policies, resources, programmes and projects;

2. Promoting full and effective participation of indigenous peoples in decisions which directly or indirectly affect their lifestyles, traditional lands and territories, their cultural integrity as indigenous peoples with collective rights or any other aspect of their lives, considering the principle of free, prior and informed consent;

3. Redefining development policies that depart from a vision of equity and selecting policies that are culturally appropriate, including respect for the cultural and linguistic diversity of indigenous peoples;

4. Adopting targeted policies, programmes, projects and budgets for the development of indigenous peoples, including concrete benchmarks with a particular emphasis on indigenous women, children and youth;

5. Developing strong monitoring mechanisms and enhancing accountability at the international, regional and particularly the national level, regarding the implementation of legal, policy and operational frameworks for the protection of indigenous peoples and the improvement of their lives.

Practices

Practices

Progress in PAHO's Technical Cooperation on Health of the Indigenous Peoples

1. Strategic Action

Policies and international agreements

Progress

- 19 countries have technical units and national initiatives: Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Dominica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States and Venezuela..
- Resolutions CD37.R5 (1993) and CD40.R6 (1997) and plans and directives of the Health of the Indigenous Peoples Initiative have served in several countries as the framework for the development of initiatives, policies, programs and national projects.
- Permanent participation of indigenous representatives in technical cooperation activities.
- Focal Points: 1 in The World Health Organization (WHO), 5 in specialized centres and 18 in Representative Offices; in 6 of which this issue is coordinated by a PAHO/WHO Representative.
- National policies that prioritize the health of indigenous peoples (for example, in Bolivia, Brazil, Canada, Chile, Ecuador, Panama, Peru, the United States and Venezuela).

2. Strategic Action

Information, analysis, monitoring, and management

Progress

- Webpage developed.
- Indigenous newsletter currently published in English, Portuguese, Spanish and indigenous languages (e.g. Aymara and Kichwa).
- 14 titles published under the Series Health of the Indigenous Peoples.
- Publications on policies, situation analysis, intercultural models, traditional indigenous medicine and action networks (28 titles).
- Database on the health of indigenous peoples with 919 entries available on PAHO's webpage.
- National documents on situation analysis.

3. Strategic Action
Primary health care and intercultural approach to health

Progress

- Legal frameworks on indigenous traditional medicine developed in Ecuador, Panama and Nicaragua.
- Conceptual and methodological progress.
- Six case studies on the incorporation of the indigenous peoples' perspectives, therapies and medicine in primary health care in the following communities: Mapuche (Chile), Nahualt-Pipil (El Salvador), Maya (Guatemala), Garífuna (Honduras), Ngöbe Buglé (Panama) and Kechwa (Peru).
- Strategic guidelines for the incorporation of indigenous perspectives, therapies and medicines in primary health care.
- Human resources training modules on intercultural approach to health developed in: Bolivia, Brazil, Ecuador, Guatemala, Honduras, Mexico and Nicaragua.
- Adaptation and development of tools and methodologies on an intercultural approach to priority problems: Integrated Management of Childhood Illness (IMCI), Roll-Back Malaria Initiative, water and sanitation, HIV/AIDS, tuberculosis, DDT-exempt malaria control (PAHO-GEF Project) and matrixes for quality assessments in the development of intercultural health care models, among others.

4. Strategic Action
Inter-institutional and intersectoral collaboration networks

Progress

- Intra-institutional partnerships with 14 PAHO programs: Malaria, Integrated Management of Childhood Illness (IMCI), Reproductive Health, Water and Sanitation, Maternal and Child Health, Virtual Campus, Mental Health, Human Rights, STI/HIV/AIDS, Social Exclusion, Health of Older Adults, Oral Health, Ocular Health and Rehabilitation.
- Inter-institutional partnerships: Inter-American Development Bank, the World Bank, the Organization of American States, bilateral cooperation agencies, the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean, the Office of Alternative Medicine of National Health Institutes of the United States, Health Canada, Indian Health Service and Indigenous Parliament.
- Intersectoral partnerships: Partnerships to address subjects such as access to water and sanitation, and disabilities among Miskito divers on Honduras Atlantic Coast, respectively, with the participation of the Ministries of Health, Environment and Agriculture, and with the Ministries of Health, Education, and Labour.
- Participation in international fora: United Nations Permanent Forum on Indigenous Issues, "Healing our Spirits Worldwide" Global Conference
- Tripartite alliances between PAHO/WHO Representatives Country Offices, Ministries of Health, and national indigenous organizations in Bolivia, Honduras and Panama.
- Interagency initiatives within the United Nations system in Colombia, Ecuador, Honduras and Venezuela. All of which include an intercultural approach to health.
- List of institutions that work on issues related to the health of indigenous peoples in Central American countries.

Challenges

Challenges

Notwithstanding the progress and results achieved, certain challenges remain and must be addressed. These challenges will embody important reference points in the identification of the Pan American Health Organization and its Health of the Indigenous Peoples Program main lines of action and indicators to measure the progress and impact of such interventions. The following can be described as the most important challenges:

- Indigenous populations epidemiological profile is linked to high levels of poverty, unemployment, illiteracy, migration, marginalization, lack of land and territory, degradation of ecosystems, life dynamics modification, geographical isolation, loss of cultural and linguistic identity, etc. These structural factors determine a number of unsatisfied needs amongst indigenous peoples. Mother and child mortality, malaria, tuberculosis, AIDS, problems associated to the lack

of access to basic services, health, water, housing and basic sanitation, coupled with food security and mental health problems, to mention a few, are prevalent in most indigenous communities and must be adequately characterized, prioritized and addressed. Within this context, the role of local and national authorities becomes all the more relevant, as does a greater visualization of the administrative units of a territory (municipalities, states, provinces, departments) that bear the grunt of inequity.

- The ethnic, cultural and geographical location heterogeneity of indigenous peoples calls for the need to identify innovative health care formats to satisfy their health needs, instead of resorting to the adoption of a single health care model or program. Problems affecting indigenous people in urban areas must be included in care proposals for urban marginal populations in different countries. Barriers that preclude access to health services due to economic, geographic and cultural reasons are compounded by typical urban problems such as family and social network disintegration, violence, drug use and abuse. Gangs are not an unknown reality in indigenous neighbourhoods. Indigenous children and adolescents face alarming vulnerability.

- The lack of vital statistics or a breakdown of services by ethnic group, gender and age makes it difficult to develop evidence-based managerial processes and, thus, hinders adequate priority setting and a proper assessment of indigenous peoples' health status, living conditions and health services coverage at a national level and within regions of a country.

- Like quantitative information, it is essential to understand the social and cul-

tural factors at the origin of peoples' knowledge, attitudes and practices regarding ways to preserve and restore health. Similarly, it is important to comprehend the cultural, linguistic and organizational potential of indigenous peoples which is linked to the community principles of respect, reciprocity and ancestral wisdom. The indigenous peoples of the Americas have indeed developed a rather complex - though well-structured in its contents and rationale, ensemble of knowledge and practices related to the human body, the coexistence with other human beings, with nature and with spiritual beings. Indigenous peoples owe much of their strength and survival ability to the efficiency of their traditional health systems, whose "main conceptual axis", or worldview, is based on the balance between beings and nature, harmony and a holistic approach. The challenge for public health systems is to translate this socio-cultural information into practical data that can promote indigenous peoples individual and collective holistic well-being within a context of equity.

- The problems shared by indigenous peoples, particularly those located in border areas (similar epidemiological profiles, presence of refugees, changes in life dynamics, acculturation, loss of land, etc.) urgently call for the coordinated effort of all countries in the Region, and for the development and/or implementation of sub-regional and international agreements.

- Both at a national health level and within regions in each country (7), little health staff training for the delivery of adequate services has been adapted to the sociocultural realities of users.

- Although PAHO Member States have signed and ratified different international

worldview. This requires the political commitment and responsibility of the countries in the Americas, international cooperation agencies and indigenous organizations, to foster multisectoral and multidisciplinary working processes with the full participation of indigenous peoples as social stakeholders.

NOTES

1. Few societies today are limited to a single mechanism for procuring and preserving their health status. A community may have a number of traditional and alternative therapeutic approaches that offer different treatments, costs and benefits; however, despite the fact that cross-cultural surveys of therapeutic systems have revealed the existence of multiple health care options in the community, only a few of them have detailed the vast choice of alternatives in available treatments. The existence of a "popular" sector amongst multiple health systems, which contrasts with traditional and Western or conventional health systems, has gained interest in current anthropologic medical literature.

2. Local health systems are considered to be a complex set of processes that represent the totality of social health actions undertaken at the local level which include, but are not limited to the delivery of health services. In contrast, traditional health systems are a particular type of local health systems characterized by a holistic approach and the concept of all-inclusiveness and holistic approach that have been ever-present among indigenous peoples.

3. Traditional medical therapists receive different names according to their specialty. These names may vary from people to people depending on their history. For example, in the Nicaraguan Atlantic Coast, elements of indigenous culture have been combined with elements of Afro-Caribbean black culture as in the case of the *obiaman* and the *sukias*, the *dopi* and the spirits. In the Amazon Region, the *shaman* is the spiritual leader of the community and for the mapuche people, the machi is the spirtual leader. In the Andes, indigenous therapists have names that distinguish them from one another such as herbalist, bonesetters, ill-wind cleansers, shadow callers, great healers, midwives, suckers, etc.

4. In traditional health systems, as in Western medical systems, each disease has an etiology, an anamnesis and a set of symp-

toms. There is also a physical instrumental examination of the patient, a diagnosis and a differential diagnosis, a prognosis and a therapy in both health systems. Furthermore, in traditional as in Western medicine, there are preventive and health promotion practices. The existence of adverse practices, for instance the use of contaminated substances or "instruments" in open wounds, medical mal praxis, side-effects of medicines, iathrogenic and others, are aspects that require awareness in traditional and conventional medical systems alike. Research on the effectiveness of practices and codes of ethics applied in traditional and conventional medical systems would be useful for users of both systems.

5. Community members attain the knowledge of traditional health practices from an early age. For example, children know the properties of the medicinal plants most commonly used in the community, as they are usually the ones who have to search and collect the plants to cure sick people in their household.

6. A survey carried out in the *Saraguro* community in Ecuador, showed that in 140 households where illnesses occurred throughout the year, women's advice was sought in 86% of cases and that they were the only resource persons in 76% of these cases. These women were mostly mothers and grandmothers.

7. Multiculturalism is defined by social realities and consists of the presence, within a society, of several cultures, indigenous peoples, and ethnic communities, as groups with distinct cultural codes, who have different customs and habits to start with. (Cunningham, 1999).

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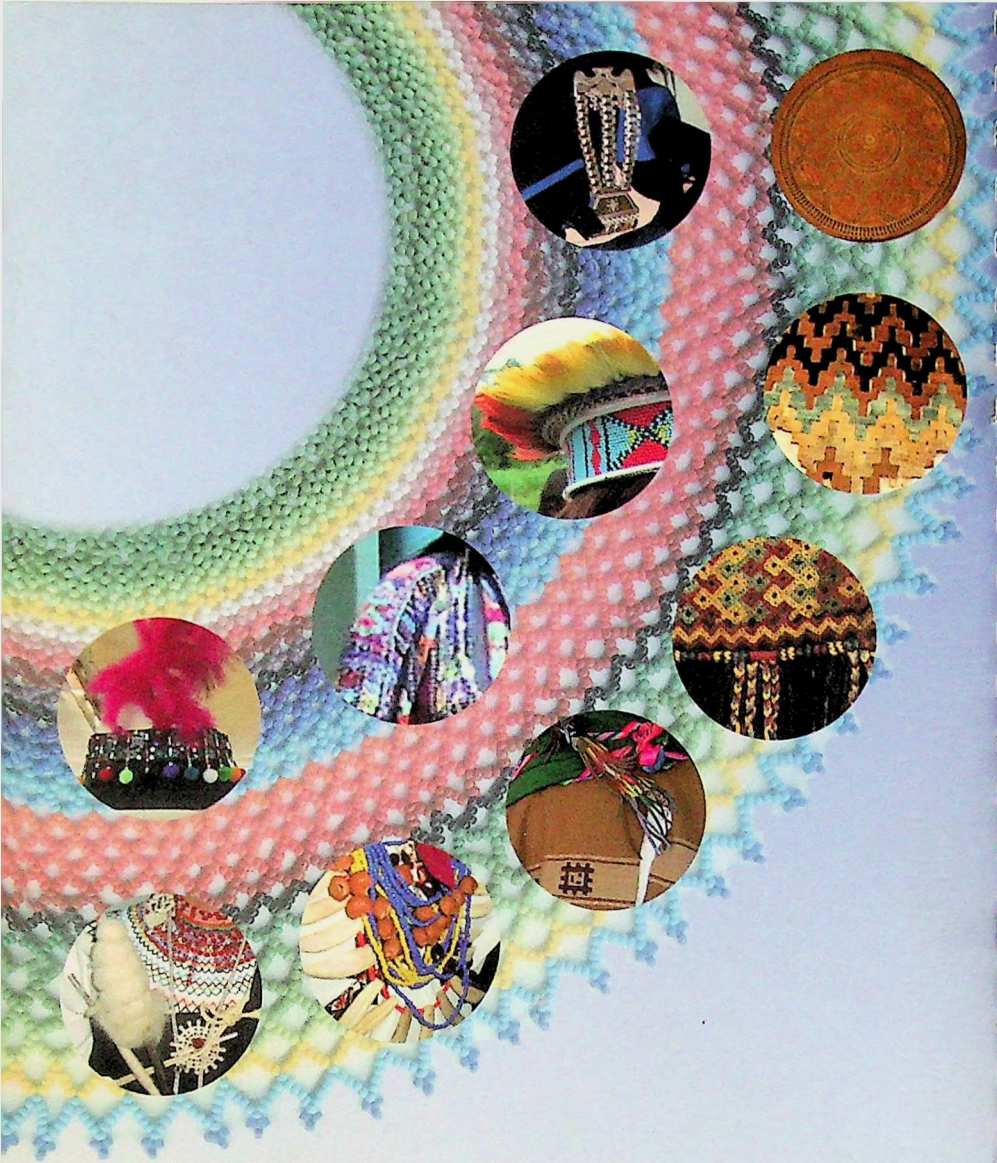

Health of the Indigenous Peoples of the Americas Initiative
PAHO/WHO Ecuador
Av. Amazonas 2889 y Mariana de Jesús
P.O. Box 17-07-8982, Quito Ecuador
Tel: (593-2) 2460330 / 2460332 Ext.1811
Fax: (593-2) 2460-325 rorojas@ecu.ops-oms.org

www.paho.org/indigenous

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