Social Determinants of Health of the Indigenous Peoples of the Americas

PHOTO: Alfredo Amores, MD

MEETING REPORT

Social Determinants of Health of the Indigenous Peoples of the Americas

REPORT

REGIONAL MEETING

Quito, Ecuador
October 22nd-24th, 2008

Pan American Health Organization
Regional Office of the World Health Organization

Technology, Health Care and Research
Regional Health Program of the Indigenous Peoples

Ministerio de Salud Pública
Health Canada Santé Canada
Canadian International Development Agency Agence canadienne de développement international
National Collaborating Centre for Aboriginal Health / Centre de collaboration nationale de la santé autochtone
Fondo Indígena

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World Health Organization

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PHOTO: Alfredo Amores MD.

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EXECUTIVE SUMMARY

The World Health Organization Commission on Social Determinants of Health recognizes the impact of social, political and economic conditions on health. Thus, in order to improve the quality of health of the population, it proposes among other recommendations: to improve the daily living conditions; to tackle the inequitable distribution of power, money and resources; and to measure and understand the problem and assess the impact of action. The determinant factors of health have always been understood by indigenous peoples through their holistic perception of wellbeing and good living.

Urged by the need to improve the health conditions of indigenous peoples in the Americas while taking into account all-encompassing approaches, such as the framework of social determinants of health, the Pan American Health Organization (PAHO), the Canadian International Development Agency, the Ministry of Health of Canada, the US Indian Health Service, the Indigenous Fund and several Ministries of Health and indigenous organizations of 22 countries of the Americas participated in the Regional Meeting on Social Determinants of Health, held on October 22nd–24th, 2008, in Quito (Ecuador). The purpose of this regional meeting was to exchange ideas in order to facilitate the future implementation of policies, programmes and projects aimed at assessing and addressing health inequities, taking into account the recommendations made by WHO Commission on Social Determinants of Health.

In its main conclusions and recommendations, the Meeting emphasized the importance of incorporating indigenous perspectives in concepts such as poverty, health and development, which were grouped under the following thematic areas:

- **Application of the approach to rights from the perspective of indigenous peoples individual and collective rights**
  - Effective exercise of indigenous peoples right to self-determination
  - Application of the free and informed consent principle

- **Development, observance and assessment of public policies with an intercultural approach**
  - Human resources training in intercultural approaches
  - Indigenous knowledge protection and promotion

- **Intercultural strategies implementation**
  - Strengthening information and indicators systems through the incorporation of ethnic belonging and ethnic relevance as variables
  - Development of intercultural health care models

This event was part of an on-going process under which several meetings have already been organized to prioritize the voice of indigenous leaders and communities. They directly participate in decision-making processes which not only have an impact on indigenous peoples and nationalities quality of life, but also on their fundamental existence.

PHOTO: Gregorio Cedeño

Mrs. Josefina Lema, Yachac of the Kichwa people of Ecuador, guarded the ceremonial fire throughout the event, creating a balanced and harmonious environment.

PREFACE

Indigenous peoples are the human foundation over which most countries in the Americas were built. Their incredible vitality –preserved in spite of great adversities, their sound organizational capacity amidst a context of permanent struggle and resistance and, their undeniable presence despite processes to eliminate them and render them invisible in societies, all but reaffirm the need to stress their essential role as stakeholders in any action aimed at improving health conditions in our Continent.

Indigenous peoples were not duly taken into account as leading actors when States emerged in the Americas and, thus, they suffer from health problems linked to their deprivation of land and territory and their lack of real participation in decision-making fora. This, compounded by deeply-entrenched discriminatory practices, can give us an approximate idea of the reasons why their human rights have been seriously compromised or denied.

This document summarizes the results of the Regional Meeting on the Social Determinants of Health of Indigenous Peoples in the Americas, held from October 22nd -24th, 2008, in Quito, Ecuador. It presents the main conclusions reached and recommendations made by the participants who attended the meeting in representation of 22 countries of the Americas and other related agencies and institutions, in order to address the inequities that affect indigenous peoples and materialise in high mortality and morbidity rates linked to preventable causes.

The dire circumstances brought about by the current international crisis will most probably bring the issue of social determinants of health to the forefront of our concerns. However, those same circumstances could also increase the relevance and importance of local livelihood models built upon solidarity-based economies, collective savings strategies, micro enterprises and more accessible health care systems, since they fit more adequately into what has been called as *living well*.

We are certain that the reader, from his or her own perspective, will be able to enrich and enlarge the scope of this analysis, as proposed, taking the incorporation of indigenous peoples perspective in the framework of the social determinants of health, as a point of departure in the identification of the elements required to move forward in the construction of truly pluri-national and intercultural societies, where all individuals will be able to enjoy a dignified existence.

José Luis Di Fabio, PhD

Manager, Technology, Health Care and Research Area
Pan American Health Organization

CONTEXT

The Preamble of the recently adopted Constitution of Ecuador, the host country of this forum, establishes that "acknowledging our millenary roots, forged by men and women of different peoples,…we decide to build a model of coexistence among citizens based on diversity and in harmony with nature, in order to reach a state of living well, or the *Sumak Kawsai*[1]."

Constitution of the Republic of Ecuador, 2008

The following paragraphs contain some of the ideas expressed by different personalities in their introductory remarks during the inaugural session of the Meeting.

This could be considered as an enabling meeting in the implementation of the new Political Constitution of Ecuador, recognized as a pluri-national country. Indigenous movements aspire to the recognition of diversity in the path towards the achievement of *Jatun Kawsai*, a higher ideal than *Sumak Kawsai*, which implies a harmonious coexistence between human beings, nature and the cosmos. Indigenous peoples live experiences in which their view of the world and their thinking have to be appreciated and understood without attempting against their individual rights. Several cases have been mentioned as examples of the acknowledgement of different views of the world: differentiated judicial systems, vertical childbirth, systems of beliefs and values where life and death have specific meanings.

Dr. Lourdes Tibán

Director of the National Council of Peoples and Nationalities of Ecuador

1 Sumak Kawsai, a Kichwa expression that means living well.

The social determinants approach could be incorporated as a strategy to bridge the gaps of health inequities between indigenous peoples and national societies, considering the former as part of the so-called, vulnerable populations. Canada supports the dialogue with the World Health Organization and its Commission on Social Determinants of Health, as it has done in previous meetings, such as the 2007 Meeting in Adelaide in 2007, reaffirming its will to continue to do so in future meetings addressing the social determinants of health, such as the next meeting in London with Michael Marmot, that will be conducive to the effective promotion of concrete actions.

Mrs. Dawn Walker

Director, a.i., Health Department of Indigenous and Inuit Peoples of the Ministry of Health of Canada

The Ministry of Health must be a "ministry of life", where the notion of health must encompass much more than a curative approach; it must include health promotion, disease prevention, rehabilitation and it must include an intercultural perspective, in order to provide quality and caring services. Health is to be considered a right and, therefore, those barriers that prevent community access to health care must be torn down. In addressing health issues at national, sub-regional and regional levels, it is not enough to have technical teams working to improve health care, the diversity and strengths of indigenous peoples and nationalities must be fully acknowledged, as well as those factors that significantly impact on individual and collective wellbeing. Integration in South America could materialize through the health sector as a bridge to join efforts in building an America of indigenous people, people of African descent, people of *montubio* origin; an America of human beings.

Caroline Chang, MD

Minister of Health of Ecuador

INTRODUCTION

In 2004, the former Director-General of the World Health Organization (WHO), Dr Lee Jong-Wook, announced the creation of the Commission on Social Determinants of Health in order to tackle the growing problem of health inequities between and within countries. Twenty Commissioners were designated and nine Networks of Knowledge were established to gather relevant information for the development of policies that would address the social determinants of health and other related actions. The Commission soon reached the conclusion that: *"The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries"*.

In direct reference to this statement, the present Director-General of the World Health Organization, Dr Margaret Chang, has pointed out that though health iniquities are a matter of life or death… health systems would not spontaneously tend towards equity. There is a need for unprecedented leadership to force all stakeholders, even beyond the health sector, to examine their impact on health. Primary Health Care is the ideal framework to achieve this since it incorporates a health perspective in all government policies.

Amartya Sen, Lamont University Professor and Professor of Economics and Philosophy at Harvard University, who in 1998 was awarded the Nobel Prize in Economics, and who is member of the Commission stated: "*Both nationally and globally, the main development goal is to eliminate those depriving circumstances that limit and impoverish peoples' lives. The lack of capacity to lead long and healthy lives is an essential human deprivation. It goes beyond a medical problem. It is linked to socially-rooted disabilities*".

The Commission, therefore, calls for closing the health gap in a generation. It states that it is an aspiration, not a prediction. In this regard, a lot must be done to change the systemic structural factors that obstruct improvements in overall public health and, particularly, in the health of indigenous peoples. Such improvements must be based upon a holistic approach to health, as proposed by indigenous peoples themselves.

This approach must ensure self-determination, cultural continuity, respect and inclusion (individual and collective participation in different fora), respect for indigenous rights, legislation and practices, as well as intercultural strategies. The Commission members remain optimistic; they consider that the knowledge exists to make a huge difference in life expectancy and, hence, to provide marked improvements in health equity. Nonetheless, they are also realistic and affirm that action must start now.

Jorge Luis Prosperi, MD.

Pan American Health Organization
Representative in Ecuador

PHOTO: PAHO- Washington DC

PURPOSE, EXPECTED RESULT, OBJECTIVES, AND METHODOLOGY

This Regional Meeting, organized by PAHO, in cooperation with the Canadian International Development Agency, Health Canada, the US Indian Health Service and the Indigenous Fund, was to address the following questions:

Why do certain social determinants have such a significant impact in the individual and collective well-being of indigenous peoples communities in the Region?

What actions must be taken to revert the inequitable situation that affects indigenous peoples in the Americas in general and, within them, women, children, adolescents and elderly people in particular?

PURPOSE

The aim of the Regional Meeting was to provide a forum for dialogue and exchange of ideas between governments and indigenous peoples. The current relevance and implementation of the recommendations made by WHO Commission on Social Determinants of Health were examined (Table 1) in connexion to national, sub-regional and regional approaches to the health of indigenous peoples.

TABLE 1: **RECOMMENDATIONS OF THE WORLD HEALTH ORGANIZATION COMMISSION ON THE SOCIAL DETERMINANTS OF HEALTH**

In order to overcome the devastating effects of inequities in life opportunities, the recommendations of WHO Commission can be summarized as follows:

1. Improve daily living conditions, in particular the circumstances in which people are born, develop, live, work and age.

2. Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions of daily life – globally, nationally and locally.

3. Measure and understand the problem and assess the impact of action.

EXPECTED RESULT

By the end of the Meeting, it is expected to have a reference framework for action plans development to support and strengthen indigenous health policies and other proposals regarding existing programmes in the Americas, taking due note of the priorities agreed upon by PAHO Member Countries.

OBJECTIVES

The following **general objectives** were established:

- Disseminate background information of the work carried out by WHO Commission on Social Determinants of Health and its links with the Americas.
- Examine the Commission's recommendations regarding the health of indigenous peoples and their relevance for the Americas.
- Discuss actions to address the social determinants of the health of indigenous peoples in the Region.

The following objectives were set-up for the Working Groups discussions on Day 2:

Working Group I: Objectives

- Exchange views and ideas on the importance of the recommendations contained in WHO Report for the health of indigenous peoples in the Americas.
- Identify common priorities, challenges, as well as agreements and disagreements between governments and indigenous peoples.

Working Group II: Objectives

- Identify key elements for a reference framework for action plans development to support and strengthen indigenous health policies and other existing programmes in the Region.
- Make recommendations and establish a road map for future action.

METHODOLOGY

The Meeting's methodology included indigenous ceremonial rituals during the opening and closing sessions, keynote speeches, plenary sessions, a discussion panel, and work groups discussions preceded by the designation of rapporteurs and moderators for each session. Case studies were presented on Day 1 and Day 2 to reflect progress made in the practical approach to social determinants of the health of indigenous peoples. Throughout the meeting, priority was given to indigenous peoples perspectives.

ANALYTICAL MODEL

Experiences were examined under the following analytical model:

TABLE 2: **ANALYTICAL MODEL**

- → Self-determination
- → Cultural continuity
- → Respect and inclusion (participation in different spaces, with different modes of expression and diversity in spiritual beliefs)
- → Law, legislation, policies and practices
- → Intercultural strategies

REFERENCE DOCUMENTS

The following reference documents were distributed to participants:

1. Final Report of WHO Commission on Social Determinants of Health
2. A Working Document
3. Several documents published on the webpage on Social Determinants of the Health of Indigenous Peoples (http://devserver.paho.org/dssi/).

BACKGROUND

Mrs. Bernice Downey
National Collaborating Centre for Aboriginal Health, Canada

The framework for social determinants of health is consistent with the holistic approach to health proposed by indigenous peoples from the perspective of their view of the world. An informal network of indigenous knowledge has emerged as a result of the incorporation of indigenous peoples perspective in the work of WHO Commission on Social Determinants of Health. In this regard, the following events are worth noting:

- **The WHO Adelaide Symposium**
  This meeting, organized on April 28th-29th, 2007 in Adelaide, Australia, addressed the following issues: the crisis in the health of indigenous peoples, inequities suffered by indigenous peoples, the high rates of preventable diseases, environmental degradation and preventable deaths. In this context, the constant struggle of indigenous peoples in the Continent was highlighted and the demand was expressed to incorporate indigenous peoples' right to self-determination as a right to be involved in actions that concern them.

- **Vancouver Meeting**
  The Eighth Meeting of WHO Commission on Social Determinants of Health took place on June 2007. A summary of the recommendations of the Adelaide Symposium was presented to the Commissioners with their positive feedback regarding the work accomplished. The need to identify cultural mediators between communities and governments was mentioned.

- **PAHO Planning Meeting in Washington**
  The meeting was organized on September 2007 with the participation of Health Canada, the US Indian Health Service and the Indigenous Fund. The aim was to develop a Strategic Plan to move forward in the work related to social determinants of health from the perspective of indigenous peoples.

- **PAHO Meeting in Quito, Ecuador**
  This meeting took place on November 2007 with the participation of representatives of Health Canada, the Indigenous Fund, the Ministry of Health of Ecuador,

local and regional indigenous organizations. The objective was to develop an Action Plan which included the organization of the Regional Meeting on Social Determinants of the Health of Indigenous peoples. The importance of incorporating the approach to rights in the work with indigenous peoples was reiterated during this event.

Publication of the Final Report of WHO Commission on Social Determinants of Health

This document was published on September 2008 and proposes three recommendations to bridge the inequities gap in one generation (Table 1). The recommendations made by the Commission in its Final Report need to be specifically analysed from indigenous peoples perspective, a part of a process of open consultation with civil society.

It is hoped that this analysis will take into account the following aspects and that it will be included in a process that will make it possible to revert the inequities that affect indigenous peoples in the Americas.

- The uniqueness and diversity of indigenous peoples around the world.
- The universal nature of health inequities between indigenous peoples.
- The correlation between health and power inequities, social participation and empowerment that highlights a direct socio-political connexion between the State and the perpetuation of colonizing forces in regard to the health of indigenous peoples.
- The importance of the support given to indigenous initiatives related to research, decision-making, and policy development to ensure the cultural continuity of indigenous peoples at global level.

1. Structural Change

- Structural change is directly linked to the strengthening of legal and political systems aimed at the protection of human rights in order to ensure the legal identification of marginalised groups, in particular indigenous peoples, and capable of meeting their needs and clamour.

In this regard, the following aspects must be underscored:

- Processes to ensure and promote the cultural continuity of indigenous peoples.

- The importance of sharing knowledge that will be conducive to structural changes, particularly as a result of research carried out within the cultural context of indigenous peoples and based on the identification of their priorities.

- Cultural equity surveillance which includes, i.a. the development and design of specific indicators and census for indigenous populations.

- Monitoring the application of the approach to social determinants of health, in particular those related to indigenous peoples rights.

- Political empowerment in such a way that Governments will acknowledge, support and legitimize marginal groups, especially indigenous peoples, through empowering policies and programmes.

2. Ecology and Health

- Though environmental degradation affects us all, it has particular impact on vulnerable groups, especially on indigenous peoples, who survive in fragile environments undermined by deforestation and the exploitation of other resources.

- The current labour conditions of indigenous people impose demand an urgent call for the protection of indigenous workers.

- Urban sprawling has deprived rural communities (where indigenous populations are included) from investment in infrastructure, and has exacerbated poverty, poor housing conditions and migration to urban centres.

Faced with these circumstances, an urgent call is made for concerted action, in particular regarding the social determinants of health. Such action must involve Governments, civil society, international organizations, indigenous organizations, and local communities, among other stakeholders.

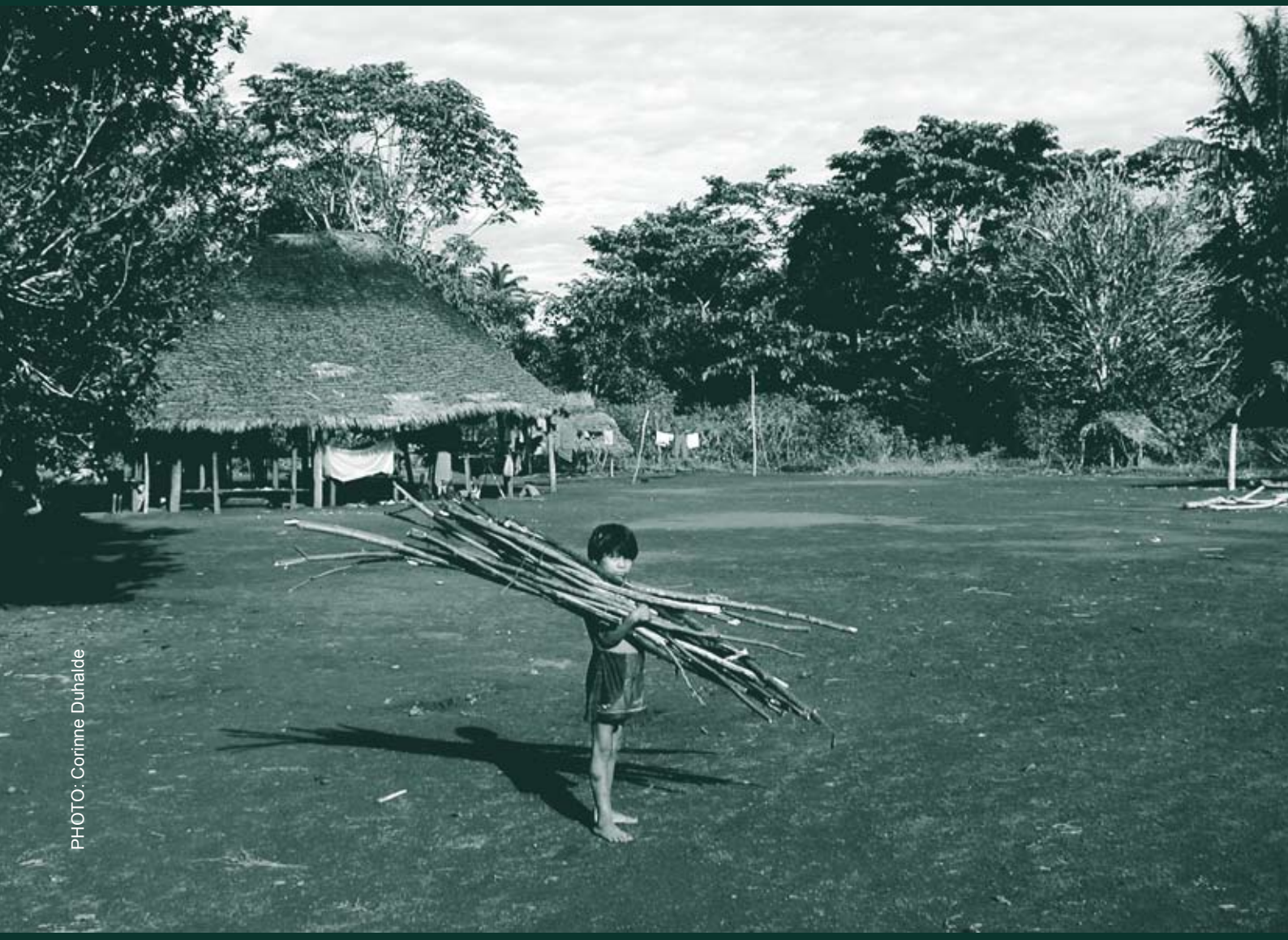

PHOTO: Corinne Duhalde

PANEL ON THE RELEVANCE AND IMPLICATION OF WHO RECOMMENDATIONS FOR THE HEALTH OF INDIGENOUS PEOPLES IN THE AMERICAS:

Indigenous Leaders Perspective

"A curi quinti (golden humming bird) was carrying a drop of water in its beak to put out a fire in the forest. The other animals wondered how such a small bird could even try to put out the fire. To this, he responded that he might not succeed in such endeavour, but at least he was contributing his share…"

PANEL ON THE RELEVANCE AND IMPLICATION OF WHO RECOMMENDATIONS FOR THE HEALTH OF INDIGENOUS PEOPLES IN THE AMERICAS:

Indigenous Leaders Perspective

The Panel was moderated by José Luis Di Fabio PhD, Manager of PAHO Technology, Health Care and Research Area, who referred to the importance of prioritizing indigenous peoples perspective in the methodological and reference framework that would enable the application of the approach to social determinants of health in addressing the health of indigenous peoples. He underlined the need to take into account the particular circumstances and demands of indigenous peoples living in rural and urban settings, as well as those of indigenous populations voluntarily living in geographical seclusion. This session provided the opportunity to listen to the views expressed by local, national, sub-regional and regional indigenous leaders on the recommendations made by WHO Commission on Social Determinants of Health. Their views are summarized in the following paragraphs:

Luz Marina Vega, MD
Adviser, Decentralized Health System, Cotacachi, Ecuador

Indigenous peoples have a different approach to life and, hence, to health. Countries, therefore, need to reconcile different concepts and visions which, i.a., include the exercise of power, the vision on economics and development, and the concept of health. This must be done through dialogue and building on common ground.

The elements of this reflexion and dialogue could be summarized around four emerging issues which, by their significant impact, are to be considered as social determinants of the health of indigenous peoples in the Americas: land, territory and natural resources, poverty, education and health.

Land, Territory and Natural Resources

Under indigenous peoples view of the world, there are no hierarchies. Land, water and human beings are equal. Indigenous peoples economies are collective in nature,

based on principles of solidarity and are geared towards self-consumption and self-reliance. Issues such as self-determination are subject to States' geopolitical decisions that determine the way in which their territories are managed. Indigenous peoples must have decision-making capacity regarding their territories.

Indigenous Peoples and Poverty

In general, indigenous peoples are considered to be the poorest segment of the overall population. Indigenous peoples recognize they have certain lacks and deficiencies and that they have been impoverished systematically and intentionally. The main problem lies in the fact that non-indigenous sectors refer to a different kind of poverty, measured on economic terms and under foreign models and, thus, they mistakenly propose the wrong solutions.

Indigenous Peoples and Education

Policies adopted in the 70s and 80s favoured boarding schools that uprooted children by separating them from their parents in order to avoid contacts that could lead to "a regression into an inferior culture", with the ensuing weakened cultural identity. Different proposals have been made to revert these effects through education initiatives within competent cultural environments where individuals could perform in different cultures and preserve their self-esteem. Investment is still pending in real intercultural education not only for indigenous peoples, but rather open to society in general.

Indigenous Peoples and Health

Despite analyses that identify the causes for the health situation of indigenous peoples, current solutions focus on health services and other approaches with an exclusively cultural emphasis. It is essential to promote actions that will lead to mutually fulfilling intercultural relations where inequities could be addressed through dialogue, with respect, and understanding each other's perspective.

Mr. Mateo Martínez
Executive Secretary of the Indigenous Fund/ Intercultural Indigenous University, Bolivia

All countries register significant health inequities linked to the degree of social exclusion. These differences and health inequities that affect different groups of the population, indigenous peoples among them, could be avoided with public policies and programmes designed for society as a whole, committed to improve the situation of children and young people within a vision of a sound community, capable of having a real impact on the social determinants of health and of improving health equity, in one generation, as an element of the notion of **living well.**

Three interrelated areas are found under the perspective of living well and human development: health (community life phase), education and access. To adequately address these areas, new relations must be established with the State, on the basis of new meanings and new social systems generated within the context of National States. The spiritual and material foundations of peoples require recognition under a legal framework that will guarantee the exercise and promotion of indigenous peoples' law.

The acknowledgement of the problem of health inequities and the assessment of its real dimension globally, regionally, nationally and locally, must be considered as essential departing points for action. With WHO support, national Governments and international organizations should set up health inequities surveillance systems at national and international levels, to enable a systematic follow-up process of health inequities and social determinants of health, as well as the assessment of the real impact of policies and actions adopted to improve health equity.

The lack of an adequate set of indicators to determine the real situation of indigenous peoples limits efficient evidence-based management and administration. In order to build institutional spaces and capacities to efficiently fight health inequities, investments must be made to train policy-makers and health professionals, to explain the social determinants of health to the population and to generate an agenda for research. This agenda must include issues that

require a more in-depth analysis, that should be understood from indigenous peoples' perspective, and which could contribute to enrich public health frameworks. Similarly, when assessing the application of the approach to social determinants, variables and indicators on ethnic belonging and ethnic relevance should be incorporated in monitoring and information systems aimed at enhancingfollow-upandassessment of actions implemented to comply with peoples' demands, as well as the impact of actions taken in areas with indigenous populations. The tables included below summarize the proposals made by the Indigenous Fund regarding different variables and a follow up system, based on the concept of development with identity and focussed on the notion of living well:

TABLE 3: **Variables of Development and Identity** [2]

Objetive	Variables		
	Main	Secondary	Content
Development with identity and focussed on the notion of living well	1 Indigenous Identity	1.1 Environment 1.2 Community 1.3 Culture	Spiritual basis
	2 Human Development	2.1 Health 2.2 Education 2.3 Access	Material basis
	3 Relation with State	3.1 Justice 3.2 Government 3.3 Land 3.4 Naturales resources	Legal basis for recognition, guarantee for the full exercise and promotion of indigenous peoples rights

2 *This type of development does not dissociate the culture and identity of each people from the comprehensive solution that encompasses the needs of the population as a whole. Furthermore, the model of development with identity, geared towards the achievement of living well", is based on the actions adopted by leaders of their own, who are familiar with their peoples' needs and realities. (Health, Intercultural Focus and Local Development, PAHO, 2007)*

TABLE 4: **Follow-up System: Basic Elements**	
A horizon line (as aspiration)	The highest levels of legal, judicial and political protection and the highest levels in the effective exercise of the rights of indigenous peoples and their notion of living well. This line summarizes the inherent aspirations of the different peoples, as they have been expressed in the platforms of indigenous peoples' movements and organizations.
A baseline (as a promise)	Rights standards embodied in international instruments on indigenous peoples rights and human rights, as well as well-being standards adopted by the international community. This baseline summarizes the degree of international consensus reached throughout time.
A logic system	Based on the use of indicators to determine if the legal, political and practical measures adopted by States in recent decades (1990- 2010) meet the baseline standards and if they effectively contribute to reach the horizon line.
A database	This database should reflect the accumulated initial indications, together with the information progressively generated, gathered and classified under the logic framework set out in the matrix.
Previous agreements	These agreements must be explicit and clearly defined and should be applied to assess and weight both accumulated and new information regarding the contribution of different actions to the achievement of the objectives, i.e. their proximity to the horizon line.
An interconnected network	Monitoring teams in each country that periodically provide the required information (verification means) and participate in the analysis and weighting of results.
A network core element	Acts as a liaison element; receives and processes information, maintains the database(s) and disseminates results.

The monitoring system matrix should emphasize the variables related to the protection of rights and the promotion of indigenous peoples' notion of living well.

Mr. Donald Rojas,
President of the Central American Indigenous Council, Costa Rica

Communication and visibility are the two structural causes that have a negative impact on the health of indigenous peoples, their systematic participation in decision-making processes, and on the implementation of adequate strategies to increase their visibility in society. These causes stem from past attempts to implement inadequate solutions. A case in point are imposed development models which did not set the path towards fairer societies, or the countless diagnosis made without any follow-up measures, the numerous experts on indigenous issues with sound academic credentials but who cannot understand indigenous realities because indigenous culture is alien to them and, therefore, the solutions they have proposed, far from solving any problem, have increased indigenous communities dependency.

Communication is not a mere language problem. New relations must be established between indigenous peoples and States, based on their mutual respect for each other's views of the world and on the direct contribution of indigenous peoples not filtered through external "experts". Likewise, there would be a need for guaranteed security, together with the acknowledgement of the existence of indigenous peoples among national populations, the exercise of autonomy –which shall not imply internal separations, the development of specific public policies (either non-existent or reduced to a minimum today), and the implementation of non-paternalistic solutions since paternalistic approaches have yielded no results. It is important to understand the notion of living well from indigenous peoples' perspective and to take into account innovative methodologies such as the "tree of life" under which indigenous peoples vision can be incorporated in a joint effort of indigenous organization working together with governments and international cooperation agencies. This will lead to the development of a Life Plan that should be included in national States' agendas in order to achieve political impact.

The achievement of increased **visibility** for indigenous populations also presents a challenge since there are no adequate indicators to point out, neither the type or magnitude of the problems that affect them, nor their contributions to solve those problems.

An example in this sense is the realization that the only green areas in Central America are those inhabited by indigenous populations. By the same token, it should be recognized that indigenous peoples form part of multi cultural societies where intercultural dynamics have to be jointly forged. This effort should be considered as an element of the internal reorganization of national States geared towards the enhancement of indigenous capacity building, particularly among indigenous movements who have always played and essential role in promoting the incorporation of these issues in the national and international agendas.

Mrs. Betty Pérez

President of the National Indigenous Coordinating Council of El Salvador

The five guiding principles of the Health of Indigenous Peoples of the Americas Initiative, launched by PAHO, remain valid and are the basis for the implementation of the social determinants approach to the health of indigenous populations. Those guiding principles are:

1. A holistic approach to health. This principle considers that health should not be considered as the mere absence of disease nor shall it exclusively depend on curative or preventive elements; but rather, that health refers to the complete environment that sustains the life of an individual.

2. The right to self-determination. This principle implies that indigenous peoples should directly participate in their development, exercise their rights –particularly the right to health, and that they should be involved in decision making at State level.

3. The right of indigenous peoples to systematic participation. This principle is related to the right to self-determination.

4. Respect for and revitalization of indigenous cultures. As a minimum act of justice vis-à-vis the systematic aggression imposed on them, fuelled by economic interests which have predominated over social well-being and have ignored indigenous peoples' wisdom.

5. Reciprocity in relations. This implies the materialization of joint endeavours to strengthen processes aimed at enhancing harmony and identity.

Work has been invested and progress has been made in the development of instruments that reflect the aspirations of indigenous peoples. However, this, in general, has not gone beyond rhetoric in practice. The actual implementation of those principles through concrete processes remains a significant challenge.

PHOTO: Alex Winder

ANALYTICAL MODEL

A lecture on the conceptual references and the practical application of the proposed analytical model was presented under this section of the Agenda (Table 2). The following issues were addressed: self-determination, cultural continuity, law, legislation, policies, plans and programmes, intercultural strategies, respect and inclusion.

ANALYTICAL MODEL

Dr. Myrnna Cunningham,
Coordinator of the Itinerant Program on Indigenous Issues, Intercultural Indigenous University, Nicaragua

RIGHT TO SELF-DETERMINATION

Indigenous peoples, as part of the collective rights, should be entitled to:

- Freely determine their political condition and pursue their economic, social and cultural development.
- Enjoy their autonomy or self-governance in local and internal affairs and to have the means to finance autonomic functions.
- Maintain and strengthen their political, judicial, economic, social and cultural institutions.
- Preserve their right to fully participate, if so they wish, in the political, economic, social and cultural processes in their countries.

Prior Free and Informed Consent
In order to achieve self-determination, there should be efficient consultation, adequate procedures, representative institutions, and cooperation in good faith, particularly when addressing the following issues:

- Cultural, intellectual, religious and spiritual goods
- Adoption of legislative and administrative measures
- Development: Use or exploitation of mineral, water and other resources.

Participation in decision-making
This is usually left in the hands of Governments on the basis of Western management criteria that do not take into account:

- Representatives elected by indigenous peoples own selection procedures
- Leaders recognized by communities
- Indigenous peoples decision-making institutions preservation and development
- Their prior free and informed consent.

CULTURAL CONTINUITY

Cultural continuity is linked to:

- The right to preserve and strengthen indigenous peoples political, judicial, economic, social, cultural and decision–making institutions (power and dialogue relations on equal footing) and to develop their own systems accordingly.
- The right to promote, develop, and preserve their inherent habits, spirituality, traditions, procedures, practices and, if they exist, their judicial systems or practices, as provided for by international human rights rules. In this sense, *the right to practice and revive their cultural traditions and cultures* includes:
  - The right to maintain, protect, and develop past, present and future cultural expressions.
  - Reparation for and restitution of cultural, intellectual, religious and spiritual goods from which might have been deprived without their prior free and informed consent or, in violation of their laws, customs and traditions.
  - The right to express, practice, develop and teach their customs, traditions, as well as their spiritual and religious ceremonies.
  - The right to revive, use, promote and transmit to future generations their stories, languages, oral traditions, philosophies, writing systems and literature.
  - The right to expect the adoption of efficient measures by States to protect indigenous peoples and their heritage.

The *right of peoples to participate in the cultural life* is linked to the following conditions for an intercultural approach:

- Right to self-determination
- Equality and/or equity
- Non discrimination.

LAW, LEGISLATION, POLICIES, PROGRAMMES AND INITIATIVES

There is the need to break away from and **approach to exclusively individual rights**. Those Constitutions that barely acknowledge the existence of multiple cultures still retain an individual rights-based approach with the ensuing inadequacies linked to the unequal and differentiated access which has brought about:

- Inefficiencies in implementation mechanisms
- Insufficient policies
- Obstacles (e.g. geographical)
- Systematic cultural and institutional discrimination

Progress should be made towards a **collective rights approach**, where such rights should play a complementary role in the effective exercise of individual rights and must revolve around self-determination, as their core element.

Although indigenous peoples have specific rights:

- They cannot enjoy their individual rights if they do not share with "others" (collective rights)
- Indigenous peoples' rights have to be linked to their collective history and identity.
- Since indigenous peoples are not clearly recognized, they remain invisible in demographic census, geographical boundaries and specific languages.

The **protectionist and assimilatory approach** that considers indigenous communities as resourceless groups whose needs and demands are to be met as "a favour" to them and which do not consider their members as persons holding legal rights, must be abandoned.

Within this context, **indigenous peoples' right to health** must be considered with the following components:

- Right to maintain their own medicines and health practices
- Access to social and health services
- Right to enjoy good physical and mental health
- Restitution of good health if it has been affected by pollution
- Active participation in the identification and development of health programmes
- Environmental conservation and protection as well as conservation and protection of the lands and territories productive capacity.

STRATEGIES FOR INTERCULTURAL FOCUS

The following strategies have been adopted in the health area:

- Promotion of the use of medicinal plants, which is not necessarily an intercultural strategy
- Western and traditional health services offered in the same health facilities though still with a curative approach and subordinating traditional medicine to conventional health practices
- Complementary approach, which is a process to be considered
- Promotion within the regulatory political framework. Though certain institutions have been created to this end, evidence is still lacking to prove their validity.
- Social determinants of health as a necessary approach to enlarge the inter-sectoral vision and help attract further commitment from other actors.

RESPECT AND INCLUSION

It is considered that inclusion and respect must be the guiding axis in working processes with indigenous peoples.

PHOTO: Verónica Vargas

CASE STUDIES:

APPLICATION OF THE ANALYTICAL MODEL

CASE 1: DDT-free Malaria Control in the Nögbe-Bugle community, Panama

CASE 2: Trachoma Prevention and Control Programme in Chiapas, México

CASE 3: Health and violence among indigenous peoples in Colombia

CASE 4: Intercultural Health Care: Hospital Daniel Bracamonte, Bolivia "Jatun Janpina Wasi"

CASE 5: Traditional Medicine Strategies in Guatemala

CASE 6: Self-determination in the health care model applied in the Autonomous Regions of Northern and Southern Nicaragua -RAAN-RAAS

CASE 7: Intercultural Health Care Models Network, Ecuador

CASE STUDIES:

APPLICATION OF THE ANALYTICAL MODEL

CASE 1:

DDT-free Malaria Control in the Nögbe-Buglé community, Panama

Country:	Panama
Indigenous Population:	8%
Indigenous Peoples:	7 peoples

This case is one of the components of the Health Plan for Indigenous Peoples in Panama. The Plan contributes to the improvement of health conditions and life quality of indigenous peoples, ensuring respect for their rights, their identity as peoples, their differentiated culture, and their specific organizational and participation models. The Plan aims at supporting the definition of policies and strategies to enhance health, as well as an integrated and intercultural approach to the health problems of indigenous peoples.

Bisira is a community of the Nögbe Buglé people and was selected as one of the demonstrative sites of the Project "Sustainable Alternatives for DDT for Malaria Vector Control in México and Central America". DDT has been used in malaria vector control since the 50s, though it now raises concern regarding its environmental impact and its effects on human health. This motivated the need to promote a regional system for integrated malaria vector control, taking into account the cultural diversity of the population, environmental issues, migration corridors and other socio-economic aspects of local communities. It was demonstrated that with strong community participation, inter-sectoral coordination and technical excellence, malaria control methods without DDT or any other persistent pesticides, could be replicated, cost-efficient and sustainable.

The methodology applied in the process included:

- → Community organization and participation as a starting step
- → Project information promotion and dissemination
- → Outreach process towards the community
- → Contact with leaders of local governments and organizations
- → Community motivation, organization and participation
- → Creation of a Malaria Committee
- → Coordination with local and regional health authorities
- → Coordination with local and traditional authorities of Bisira, for example, the tribe leaders, authorities an members of the Nögbe Buglé Congress
- → Emphasis placed on the community as a healthy environment and on organization as a means to strengthen indigenous leadership.

As a result, the number of malaria cases in Bisira, Ngöbe Buglé, dropped from 62, in 2004, to 2, in 2006.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	
Intercultural Strategies	✓

CASE 2:
Trachoma Prevention and Control Programme in Chiapas, México

Country:	Mexico
Indigenous Population:	12%
Indigenous Peoples:	62 peoples

This programme has been implemented since 2004 in five indigenous municipalities of Chiapas where care is provided to communities located in remote areas. Trachoma[3] is known as poor people's disease due to the conditions in which it appears.
The methodology of the programme includes:

- → Home visits
- → Promotion of community cooperation
- → Confidence-building by speaking the same language
- → Information gathering through individual family controls, a census which includes the level of education, the number of women and children (most vulnerable population with the highest incidence rates for trachoma)
- → Water supply improvement (the lack of water leads to unsanitary conditions favourable to trachoma)
- → Promotion of respect for the community beliefs and traditions as a means to bridge contact with the community
- → Organization of informal information sessions on hygiene and sanitation issues, such as the use of latrines, ecologic kitchens/ stoves, building enclosures reserved for animals

3 *Trachoma is an ophthalmologic chronic disease caused by the Chlamydia trachomatis bacteria. Some of the main symptoms are: eye redness, secretions, photophobia, and excessive tear secretion; ultimately, it leads to irreversible blindness. Trachoma is and endemic disease in rural areas where essential services are lacking.*

- → Training at schools in cooperation with teachers
- → Accompany patients to doctor appointments when there are candidates for surgery, in order to generate greater confidence.
- → Promotion of increased community involvement through the creation of a trachoma control network, particularly during the "Trachoma Control Week" when the population learns to cooperate and not only to receive help.

As a result, trachoma has been controlled in Chiapas, since it is difficult to eradicate this disease.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	✓
Intercultural Strategies	✓

CASE 3:

Health and violence among indigenous peoples in Colombia

Country:	Colombia
Indigenous Population:	2%
Indigenous Peoples:	82 peoples

It is mentioned that indigenous populations' human rights are seriously impaired in Colombia due to the internal conflict. Cases of violence and displacement are common among indigenous populations who are mainly concentrated in the Departments of Nariño, Cauca and Chocó, together with communities of African descent.

The following were considered as drivers of violence:

- The strategic, military, economic, social and political value of these areas for the belligerent parties closely linked to the interests of large capitals and the privatization and openness policies adopted by the Government.
- The expansion of illicit crops surfaces promoted by armed groups which, in turn, have led to increased crop spraying to eliminate them.
- The adoption of public policies on lands, education subsidies, mining and security, and their implications regarding the recruitment of community members, the location of mining facilities and the stigmatization of indigenous peoples movements.
- Exercising their right to autonomy, creative and organized community resistance expressions have increased quite critically regarding the different actors involved in the conflict.

Most health problems linked to these difficult circumstances are related to malnutrition, malaria and tuberculosis. The impact of social determinants is evident in this case where health is not necessarily linked to services but rather to the quality of life and the peaceful or hostile environments in which communities live.

Peaceful and creative resistance in the midst of armed conflict

- Due to their location in a strategic corridor, the municipalities of Toribío and Jambaló are trapped in the middle of a dispute for control over the area between armed groups and drug-trafficking organizations. Confrontations with governmental armed forces have led to a constant conflict in which the rights of the civil population –particularly of indigenous peoples have been systematically violated. Indigenous peoples have been incriminated by both sides as parties to the conflict due to their high degree of social organization and political activism; this has led them to question policies that run counter to their rights, demand the demilitarisation of their territories, firmly reject all armed belligerents, fight drug-trafficking and persist in their pursuit to build and implement their own life projects.

An intercultural health experience within this context

- These realities have forged a culture of organization, mobilization and complete accountability; the right to health has always been present within this framework. The fundamental premise in this systematic analysis is that the intercultural health experience in Jambaló and Toribío has emerged from the dynamics created by progress in organizational and political processes, as well as in the configuration of indigenous territories and of the power relations between the State, society and indigenous peoples.

Determinants in the health of indigenous peoples: Approaches to the health of indigenous peoples from the perspective of law and social medicine

- To be understood, the health situation analysis must take into account the implications of the loss of territory, the deterioration of traditional livelihoods, environmental problems, abrupt social and cultural changes, traditional medicine decline, poverty and marginality, corruption in the management of health resources, illicit crops and armed conflict.

Indigenous peoples demand the adoption of policies by the Colombian Government, i.a. on the following issues:

→ Rejection of the Free Trade Agreement (FTA) due to the over exploitation of resources and the resulting mobilization of indigenous peoples as mere objects.

→ Forestry law on mining and water resources that has led to the deaths and abuse of women and children.

→ Demobilization

Conclusion: Under present circumstances, human rights violations in areas inhabited by indigenous peoples are a social determinant that affects their quality of life.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	✓
Intercultural Strategies	✓

CASE 4:

Intercultural Health Care: Hospital Daniel Bracamonte, Bolivia "Jatun Janpina Wasi"

Country:	Bolivia
Indigenous Population:	62%
Indigenous Peoples:	37 peoples

Potosí is a multilingual and multicultural Department of Bolivia, with different conceptions of health and illness. Here, the mission of the Daniel Bracamonte Hospital is to meet users' needs with excellent quality in health care, including promotion, prevention, treatment and rehabilitation. The Hospital has become a health training centre for human resources and a scientific research centre, particularly committed to the solution of priority health problems in the region where it finds its social relevance.

Problems associated to the provision of conventional medicine health care services –which could be perceived as cold, excessively technical and inhumane by indigenous peoples, led to the creation of the Willaqkuna intercultural office. Some of this office functions, are:

- → To contribute to adapt hospital management procedures to the needs and cultural identity of the indigenous population of the Department, improving users satisfaction levels and access to services.
- → To contribute to the dissemination of original native languages and cultures, particularly their health concepts and practices.
- → To develop training activities and other initiatives to create awareness and enhance the appreciation of indigenous medicine among the Hospital's health staff.
- → To promote technical excellence, efficiency, users' satisfaction, relevant care and sensibility to social and cultural problems.

- → To carry out joint inter institutional work with other Hospital facilities, the Municipality, the Church and neighbourhood committees.
- → To organize joint analysis with health staff
- → To foster the use of traditional medicine among specialists in different areas
- → To promote a holistic understanding of the causes of diseases
- → To organize intercultural talks and seminars
- → To lead an intensive training program for health staff
- → To promote a friendly, calm and welcoming environment
- → To promote empathy through the use of the language chosen by the user
- → To promote the analysis of cases with an intercultural approach
- → To ensure the presence of a facilitator who informs, guides and supports patients during their hospital stay
- → To provide support to health staff members in their relations with indigenous users (visits to wards, participation in outpatient care, internal consults)

Eighty per cent of the total number of patients admitted to the Daniel Bracamonte Hospital goes to the Intercultural and Customer Service Office to receive information, guidance and advice. Seventy per cent of those cases find a solution to their queries and the other 30% represent cases that cannot be treated in the Hospital due to economic conditions.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	
Intercultural Strategies	✓

CASE 5:

Traditional Medicine Strategies in Guatemala

Country:	Guatemala
Indigenous Population:	43%
Indigenous Peoples:	23 peoples

In Guatemala, or Iximulew, the Land of Corn, the Maya, the Xinca, the Garífuna, and the Mestizo peoples coexist. The country has a predominantly rural population (54%), in a context in which traditional indigenous medicine is very important. The following measures can be highlighted among different actions taken to strengthen the Maya health system:

- → Draft Bill on Traditional Public Health System.
- → Recognition, respect and exercise of the life standards of all the peoples that are part of the Guatemalan nationality.
- → Observance of the legal framework established under the Political Constitution regarding cultural identity and development, as well as of the provisions contained in ILO Convention 169.
- → Strengthening of the Maya health system in such a way that it would no longer be rejected by the official system.
- → Training and organization of Maya physicians to have political influence in the official system.
- → Process to establish the Political Training School to strengthen indigenous peoples' self-determination processes.
- → Young leaders training.
- → Training for midwives and women health promoters.
- → Ancestral knowledge recovery.
- → Sexual and reproductive health training

- → Promotion of food security
- → Promotion of market practices bases on solidarity.
- → Proposal for the harmonization of the Maya health system and the official health system at health districts level.
- → Mutual knowledge and acknowledgement.
- → Incorporation of the Maya cultural epidemiological profile into the health care standards of the Ministry of Health.
- → Referral and response mechanisms
- → Action coordination
- → Development of a training module to increase awareness about Maya medicine among health services staff.
- → Awareness building processes in health priority areas districts.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	✓
Intercultural Strategies	✓

CASE 6:

Self-determination in the health care model applied in the Autonomous Regions of Northern and Southern Nicaragua RAAN-RAAS

Country:	Nicaragua
Indigenous Population:	8.3%
Indigenous Peoples:	9 peoples

Nicaragua is inhabited by indigenous peoples, peoples of African descent and mestizo peoples. Its geographical characteristics differ from most of the countries in the Region; it has, for instance, a European colonization model, a different economic exploitation model and evangelization patterns by different Churches. The two Autonomous Regions in Nicaragua are located on the Caribbean coast of the country and represent almost one third of its total surface.

The main characteristics of the Autonomous Regions in Nicaragua are:

- → Multiple ethnical groups searching for inter ethnical coexistence.
- → Recognition of the collective rights of indigenous peoples in their Laws (Law on languages No 162, Law on Territorial Boundaries No 445, and others).
- → Organized structural links between autonomies at regional, municipal, territorial and community levels).
- → Recognition of the participation of men and women on equal footing.
- → Regulated relations with the central Government.
- → Authority to manage health, education and other services.
- → Recognition of traditional medicine.

Autonomous Regions Characteristic Health Models

Autonomous Regions felt the need to develop their own health models whereby the demand concerning the right of the multiethnic and multicultural population to receive care under a health care model consistent with its socio cultural reality would be met. This demand resulted from the weariness of a large sector of society dissatisfied with the quality of health care services provided to historically excluded and marginalized populations, as well as with a centralized health system that lacked flexibility and was reduced to the role of executing agency and which experienced severe difficulties in adapting its services to the changing realities in each region, not to mention the insufficient allocation of budgetary resources to satisfy the health needs of the population.

The operational instrument of the Regional Health Models and the National Health Care Model (MOSAFC) comply with the following principles of self-determination:

- → Ensures the exercise of the individual and collective rights of indigenous peoples and ethnic communities.
- → Falls within the framework of the Regional Autonomies System.
- → Seeks to ensure the universal and permanent access of men and women of different age groups to intercultural health services.
- → Aims at the improvement of living conditions.

The principles of these characteristic health models are:

- Gratuity
- Universality
- Equity
- Comprehensiveness
- Continuity
- Complementary Nature
- **Intercultural Approach**
- **Easy Access**
- Solidarity
- **Co- responsibility**
- Social Participation

Objectives of intercultural health care models

- Improve the health condition of communities, the environment, families and individuals, taking into account geographical, cultural and hazard-related specificities, as well as the ancestral wisdom of different peoples and communities. This effort must follow an approach based on the right to autonomy and must have comprehensive community development as its ultimate goal.

- Strengthen inter-institutional and inter-sectoral coordination promoting the harmonization of and co-relation between traditional medicine and conventional medicine practices.

The principle of peoples' right to self-determination is met by successfully achieving the implementation of characteristic health models in the Autonomous Regions of Nicaragua.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	✓
Intercultural Strategies	✓

CASE 7:
Intercultural Health Care Models Network, Ecuador

Country:	Ecuador
Indigenous Population:	43%
Indigenous Peoples:	14 peoples

In Ecuador, the Ministry of Health has undertaken the incorporation of intercultural health aspects in its conscience awareness processes. Through the National Intercultural Health Care Models Network established in 18 Provinces it attempts to solve indigenous peoples priority problems such as cultural illnesses not understood by the Western system, preventable deaths, programmes and strategies essentially designed for urban environments and the lack of basic services.

Progress achieved in health care services provided to indigenous peoples and nationalities through different projects implemented by the National Intercultural Health Care Models Network includes:

- → Strengthening of the intercultural health care model in a way that is consistent with the local realities in order to ensure integral care.
  In projects, such as the "WAT PURAN", of the Awá nationality, we find:
- → Organization with management capacity for the development of the Awá people.
- → Recovery of cultural values through grass-root participation.
- → Life project, from the Awá view of the world.
- → In the Amazon Region projects, joint action has been taken with community-based organizations, whereby the latter plan and implement actions.
- → In the Guamani Health Area 19, in Pichincha, patients decide and accept the type of medicine they want for their care.

→ In Nabón, in the Province of Azuay, health care services have been strengthened with the enlargement of the mother and child care area which has become a culturally appropriate Mother and Child Health Care Centre.

Some measures still required are:

→ Heath policies for indigenous peoples that would have the same standing as Western medicine policies.
→ Incorporation of intercultural communication tools.
→ Professional university level training with emphasis in a more humane and solidarity-based care.

Analytical Model	Applied to the case
Self-determination	✓
Cultural Continuity	✓
Respect and Inclusion (participation in different fora and expressions / diversity of spiritual beliefs)	✓
Law, legislation, policies and practices	✓
Intercultural Strategies	✓

PHOTO: Gregorio Cedeño

Indigenous ritual performed at the Guamani Area 19 Health Centre of Ministry of Health of Ecuador.

Visit to the Area 19 Guamaní Health Centre of Ministry of Health of Ecuador

A visit to the Area 19 Guamaní[4] Health Centre of Ministry of Health of Ecuador was organized on the third day of the meeting. The Centre is part of the National Intercultural Health Care Models Network of Ecuador. It is located on the Southern district of Quito and implements a health management model with community participation. Health care services are provided to an urban marginal population, 40% of which are indigenous people. Conventional, alternative, traditional and indigenous medicine methods and procedures are used for health promotion, disease prevention, diagnosis, treatment and rehabilitation. Therapeutic resources from several specialized areas of care are combined to increase the health system's response capacity. The team of experts includes trained physician in acupuncture (3), bio-magnetism (4), neural therapy (2), homeopathy (1) and almagram techniques (1) as well as shamans who enjoy the community's support and confidence.

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4 Estimates of the National Institute of Statistics and Census of Ecuador (INEC) considered that over 94,000 people lived in Guamaní in 2007. 40% are indigenous people, more than half of them are migrants and nearly 30% of them struggle to survive on less than a dollar per day.

Conclusions on the basis of case studies and the field visit

The case studies and the field visit highlight the fact that national societies internal dynamics must be taken into account in the application of the social determinants approach to the health of indigenous peoples. These dynamics are often marked by asymmetries and power spaces dictated by the social, economic, political and cultural contexts in which the different demographic groups lead their existence; some of these groups have historically suffered from exclusion and racism, indigenous peoples amongst others. Likewise, the resistance mechanisms generated by these peoples under adverse circumstances must be properly analysed. Many of these mechanisms are strategic, creative and innovative; they contribute not only to solve local problems, but also to enrich proposals for change in the internal dynamics of States. Such a contextualised analysis will serve to identify the limitations and, particularly, the strengths that should be taken into account in any policy, plan or programme aimed at improving the wellbeing of indigenous peoples in the Americas. Under this perspective, these and other current experiences in different countries should be further strengthened.

PHOTO: . Alfredo Amores, MD

CONCLUSIONS AND RECOMMENDATIONS

- Application of the approach to rights from the perspective of indigenous peoples individual and collective rights
- Development, observance and assessment of public policies with an intercultural approach
- Intercultural strategies implementation

CONCLUSIONS AND RECOMMENDATIONS

The main conclusions reached and recommendations made by participants in the Meeting after reviewing the general framework for action contained in the Final Report of WHO Commission of Social Determinants of Health and after examining the issues on the Agenda, have been divided in two groups: (a) general and (b) specific conclusions and recommendations.

General Conclusions and Recommendations

- The holistic approach to health, the right to self-determination, the right of indigenous peoples to systematic participation, the respect for and revitalization of indigenous cultures and the reciprocity in relations are the five guiding principles of PAHO Health of Indigenous Peoples of the Americas Initiative that provide the basis for the application of the social determinants approach.

- The social determinants approach is consistent with the holistic health perspective proposed by indigenous peoples themselves as an integral part of the *alli kawsay* or living well notion. The implementation of this approach is, hence, recommended, as well as the analysis and satisfaction of the needs and demands of indigenous peoples.

- The application of the social determinants approach to the health of indigenous peoples requires the prioritization of their perspective regarding the concepts and analysis of poverty, development, education, health, land and territory.

- Specific social determinants should be taken into account in addressing the health of indigenous peoples, i.a.: (a) racism, (b) non-application of the principle of self-determination which, in practice, includes the principle of prior and informed consent and the participation in decision-making , (c) non-effective exercise of the individual and collective rights of indigenous peoples, (d) human rights violations and violence (e) lack of consideration of indigenous paramount notions such as spirituality, (f) limitations in conceiving cultural continuity based on an intercultural approach.

- The social determinants approach gains increased importance in the midst of the serious current international crisis; likewise, local models become more relevant since they fit much better in what has been deemed as 'living well'. In this sense, it is recommended to strengthen local initiatives both as a useful and practical means to solve specific problems, and as leverage tools in the development of frameworks and policies at national and international level.

- The application of the social determinants approach requires inter-sectoral and transdisciplinary strategies that can link activities implemented at local, national and regional levels by governmental institutions, indigenous peoples, Ministries of Health, universities, human rights protection agencies and bio-ethics commissions.

Specific Conclusions and Recommendations

Application of the approach to rights from the perspective of indigenous peoples individual and collective rights

Discrimination against indigenous peoples is expressed through the respect or lack therein of their individual and collective rights. Therefore:

- **Health proposals must fully comply with previous commitments undertaken under international agreements and resolutions, such as the United Nations Declaration on the Rights of Indigenous Peoples, PAHO Resolutions (1993, 1997 and 2006) or ILO Convention 169.**

Under the new paradigms, the recognition of the rights of indigenous peoples must materialize in the implementation of adequately financed policies, plans and programmes geared towards the improvement of their health. Proper follow-up procedures require either the creation of monitoring mechanisms for the observance of rights, or the enhanced use of international follow-up instruments and mechanisms established under current agreements.

Effective exercise of indigenous peoples right to self-determination and application of the free and informed consent principle

- Common agreement emerged regarding the need for the implementation of the right to self-determination in order to improve results regarding the health of indigenous peoples. For this reason, the participation of indigenous peoples in decision-making, as partners in initiatives that concern them, is of vital importance.

- The implementation of the right to self-determination implies that these processes must take place at the level of small community groups with direct community participation.

- Projects for the implementation of the right to self-determination must not be based on conventional development concepts but rather on ancestral indigenous wisdom and should contribute to the design of methodologies conducive to the development of Life Plans.

- Local organizations often contemplate in their internal structures governance and planning schemes consistent with their peoples collective thinking. Therefore, it is important to prompt indigenous peoples to take ownership over the programmes, from the planning phases to their assessment. These social mechanisms should be fully understood in order to strengthen the skills and steering capacity of both institutional and community teams.

- The institutionalization of self-determination within the framework of autonomous areas in different countries and Regions could incorporate new territorial distributions within existing territorial units. In this regard, it would be important to examine on-going experiences.

- **The application of the principle of free and informed consent is an essential premise in any process that concerns indigenous peoples.**

Development, observance and assessment of public policies with an intercultural approach

- The implementation of policies based on individual and collective rights, that take into account peoples diversity, aims at off-setting the effects of discrimination and strengthening indigenous peoples identity. In this sense, WHO SDH Commission Report is described as a document applicable to all populations. Nevertheless, it is important to know and accept the differences between peoples in order to respect their diversity and, eventually, find common elements. In view of the above, it is recommended to design policies that are consistent with the specific problems of countries and sub-regions in the Continent.

- Policies that favoured social assimilation were applied in the past in several countries of the Americas, with the ensuing adverse impact on the life and health conditions of indigenous peoples, as well as on their cultural integrity. Hence, the call made for the allocation of adequate resources to improve the health of indigenous peoples while taking into account cultural conceptions. Priority should be given to governments (planning), indigenous organizations (political indigenous organizations capable of a sustained effort), international cooperation agencies (PAHO/WHO, financial institutions), universities and other stakeholders, in technical capacity building on intercultural public policies design and implementation, through inter-sectoral strategies.

- It is important to strengthen collaborative initiatives through cooperation networks in order to generate Life Plans and strengthen social intervention towards the effective exercise of indigenous peoples rights at local, national, regional and international level.

The participants also stressed the need for the adoption and/or implementation of policies in the following areas:

- Inter-sectoral agreements on education and employment
- Health care for indigenous peoples
- Access to health care for indigenous peoples living in remote rural communities
- Harmonization of cooperation activities according to the individual structures of each agency (i.a. multilateral, bilateral, governmental and non-governmental). In this sense, PAHO should act as the liaison organization.
- Protection of natural resources with emphasis on territorial areas of influence
- Clarification regarding extra activist policies
- Security
- Food security
- Religion as part of colonization
- Redistribution of resources
- Inclusion of indigenous languages in the different processes
- Enhancement of solidarity-based economies in all countries.

Human resources training in intercultural approaches

- It is important to train staff at different professional and technical levels on health issues related to intercultural family and community care, as well as on awareness building activities within governments and their internal structures (Ministries of Health and their authorities). This does not mean that conventional physicians should become traditional practitioners; instead, they should share spaces to work, coordinate and harmonize their activities with other knowledge systems. By the same token, it is recommended that indigenous leaders should receive training on public health issues.

- Communication needs to be strengthened to ensure that information is disseminated at grass-roots level and to decision-making bodies of indigenous peoples, Ministries of Health and PAHO, in order to promote alliances and strategic networks. Specific training will be required to address the social determinants of health.

Indigenous knowledge protection and promotion

- An adequate understanding of the essence and knowledge of indigenous peoples needs to be urgently promoted through outreach activities, public information, the use of theoretical and conceptual frameworks and the protection and consolidation of ancestral wisdom. This implies, for instance, a renewed appreciation for the holistic notion of health and the interpretation of the way in which disease expresses itself in social and cultural environments (e.g. tuberculosis, violence, malnutrition and sexual and reproductive health). Furthermore, any reflexion on this notions and their application must include the understanding of profound themes that should be comprehended from indigenous peoples perspective of problems such as suicide, alcohol abuse, high level of infant mortality, etc., whereby there is a different conception of life and death.

- At regional level, indigenous peoples knowledge and wisdom can be promoted through "calls for action" towards the inclusion of this issue in the national, regional and sub-regional agendas, made at different fora, publications, and meetings, such as the sessions of PAHO Executive Committee and Directing Council, or the World Health Assembly.

Intercultural strategies implementation

- WHO SDH Commission Report is very general and needs to be examined from the local realities of communities since they are the basis upon which policies will be strengthened at national level. Intercultural strategies will foster indigenous communities' participation if communication is improved and their visibility as social stakeholders is enhanced, seeking mutual enrichment and not through imposition.

- Indigenous peoples demand self management; it is, therefore, recommended to strengthen indigenous administrative systems based on their social organization and their models of coexistence.

- On-going processes in the Americas regarding the implementation of intercultural strategies should be strengthened. In this sense, an international dialogue between indigenous organizations is required and should be facilitated by PAHO, in order to compare strategies and foster the creation of strategic networks. This alliance would enable the identification of the key elements of a framework for the development of action plans. The latter will be aimed at supporting and strengthening existing health policies and programmes in the Americas. Further on, they will contribute to guide the processes in those countries where intercultural strategies are being designed, as well as to strengthen dialogues, consensus and exchanges of experiences.

- In the application of intercultural strategies, it is important to address the issue of adequate financial resources. It is stated that millions of dollars have been invested with no apparent change; the situation at community level has not been modified. Resources and competencies must be allocated by central governments to individual indigenous peoples and nationalities and the management therein must be transferred to them.

- Participants stressed the need to incorporate the issue of intercultural focus at the level of regional and sub-regional integration bodies. PAHO/WHO and other international cooperation agencies should provide resources to enable work in groups to implement the following recommendations: continued international advocacy, principles-based evidence collection and strategic planning.

Strengthening information and indicators systems through the incorporation of ethnic belonging and ethnic relevance as variables

- The lack of information and protocols regarding the health status of indigenous peoples undermines the efficiency of health monitoring and surveillance systems. There is an urgent need for culturally-appropriate mechanisms to ensure

the feasible dissemination of information, research results and data on the health of indigenous peoples and its determinants. Reliable information could be obtained through agreements with indigenous peoples, whereby responsibility for the information management component would be delegated on them in order to generate trust and cooperation. In this sense, it is important to understand indigenous peoples cultural attitudes in certain instances, for example, when there is no reliable data on the number of suicides or mother or children deaths since communities hide these facts.

Development of intercultural health care models

- Several countries have undertaken the implementation of intercultural health care models. They have taken the recognition of existing indigenous health systems as a starting point from which they have evolved towards more intercultural systems with greater equity, and a more global and holistic approach. The idea is to depart from small focalized projects and to conceive them within a larger and holistic framework in which key elements could be identified to strengthen already existing health policies and programmes in the Americas. The challenge now is to achieve the institutionalization of intercultural health systems. It was acknowledged that the scope of action had to be enlarged to enable operational capacity in rural and urban areas, taking also into account both internal and trans-boundary migration flows to address the health of migrant indigenous people. Furthermore, there is the need to include other minorities, such as groups of African descent, among vulnerable populations.

GRAPHIC RECORD OF THE MEETING

Meeting Participants

Keynote Lecture: ***Red Moon Dialogues***
Margo Greenwood, Director of the Collaborating Centre for Aboriginal Health of Canada, presented a video on the consultation on social determinants of health carried out among several indigenous peoples in Canada. The English version of the video, with sub-titles in Spanish, was distributed to all the participants.

Jorge Luis Prosperi MD, Representative of the Pan-american Health Organization (PAHO), Ecuador; Caroline Chang MD, Minister of Health of Ecuador, and Dr. Wanderley Guenka, PAHO delegate, Brazil while lighting the fire of the indigenous ceremony leaded by Mrs. Josefina Lema, Yachac.

Dialogue tables

Meeting Participants from the Americas together at the end of the event

Visit to the, Area 19, Guamaní Health Centre. Demonstration of a neural therapy consultation.

PHOTOS: Gregorio Cedeño

ANEXES

AGENDA OF THE REGIONAL MEETING

Social Determinants of Health of the Indigenous Peoples in the Americas Quito, Ecuador October, 22nd-24th, 2008	
First Day	
	Objetives • Provide background on the Commission's work and links to the Americas • Review Commission's recommendations regarding the health of the indigenous peoples and assess their relevancy to the Americas • Discuss actions to address determinants of Indigenous People's Health in the Americas
8:00 – 9:00	Participant Registration **PAHO**
9:00 – 9:30	Opening Indigenous Ceremony Ms. Josefina Lema, Yachac, Kichwa People, Ecuador **CONAIE**
9:30 – 10:00	Opening session **Jorge Luis Prosperi, MD** PAHO/WHO Representative-Ecuador **Dr. Lourdes Tibán** Director of the Ecuadorian Nationalities and Peoples Council **Mrs. Dawn Walker** Interim Director First Nations and Inuit Health Branch, Health Canada **Caroline Chang, MD** Minister of Health of Ecuador
10:00 –10:15	Coffee break
10:15-10:30	Purpose and Methodology of the meeting **Rocío Rojas, MD** PAHO/WHO Regional Advisor on the Health of the Indigenous Peoples

10:30 –11:00	Overview process in Vancouver, Adelaide, WDC and Quito: recommendations of the final report of the WHO Commission **Mrs. Bernice Downey** National Collaborating Center of Aboriginal Health Moderator: Health Canada
11:00 – 12:00	**Panel:** Relevance and implications of the WHO Commission recommendations for Indigenous people in the Americas. **Luz Marina Vega, MD** Decentralized Health System Advisor, Cotacachi, Ecuador **Mr. Mateo Martínez,** Indigenous Fund/Indigenous Intercultural University **Mr. Donald Rojas,** Indigenous Central American Council **Mrs. Betty Pérez** President of the Indigenous Coordinating Council-El Salvador Moderator: **José Luis Di Fabio, PhD** Manager of the Technology, Health Care and Research Area of PAHO/WHO
12:00 – 12:15	Questions and answers session
12:15 – 12:45	**Key note speaker** **Mrs. Margo Greenwood, First Nations** Director of the National Collaborating Center of Aboriginal Health Theme: **Dialogues of the Red Moon**: experiences on the work with indigenous women Introduction: Health Canada
12:45 – 2:00	Luncheon
2:00 – 3:30	**Plenary Session** **Case studies or testimonials.** **Myrnna Cunningham, MD** Itinerant Indigenous Chair, Intercultural, Indigenous University

	Anatytical Model: - Self-determination - Cultural continuity - Respect and Inclusion (participation through spaces and voices/diversity of spiritual beliefs) - Rights, legislation, policies and practices - Intercultural strategies **Moderator: Ministry of Health of Costa Rica** **Case studies** 1. Malaria control without DDT in the Nögbe-Bugle Comarca, Panama 2. Tracoma control in Chiapas, México 3. TB control among the Sierra Nevada indigenous populations in Colombia • Questions and answers session
3:30 – 3:45	Coffee break
3:45- 5:00	**Moderator: Ministry of Health of Brasil** 4. Intercultural health care: Bracamontes Hospital, Bolivia, Cultural adaptation of delivery in Guatemala
Second Day	
	Moderador: Ministerio de Salud de Brasil 5. Network of intercultural health models in Ecuador 6. Selfdetermination within the health care model in the Autonomous Region in Nicaragua • Questions and answers session
8:30 – 9:00	Welcome and instructions for the dialogue tables **PAHO**
10:30 – 11:00	**Dialogue tables I** **Plenary: Report back from dialogue tables** Moderator: **Ministry of Health of México** One reporter from each group Additional comments Wrap up
11:00 – 11:15	Coffee Break

11:15 – 12:45	**Dialogue tables II** Objetives: - Identify key elements of a framework for action plans to support and strengthen existing health policies and programs in the Americas. - Recommendations and future steps
12:45 – 2:00	Luncheon
2:00 – 2:30	**Plenary:** Report back from dialogue tables Moderator: Ministry of Health of Chile One reporter from each group Additional comments Wrap up
2:30 – 3:45	Panel: Recommendations for PAHO Member States **Moderator: Ministry of Health of Venezuela**
3:45 – 4:00	Coffee Break
16:00	Closure/ closing ceremony
Third day	
	Site visit **Context: Ministry of Health of Ecuador**
9:00 -4:00	**Guamani,** Area 19th of the Ministry of Health, (Suburban zone of Quito). Background: This health center offers services of alternative and indigenous medicine, along with the specialities of conventional medicine.

PROGRAM FOR THE VISIT TO AREA 19, GUAMANÍ

VISIT TO AREA 19, GUAMANÍ HEALTH CENTRE MINISTRY OF PUBLIC HEALTH OF ECUADOR QUITO, OCTOBER 24th, 2008	
7:30	Depature from Swissôtel
8:30	Arrival to Area 19, Guamaní, Ministry of Health
8:30 -11:30	Guided visit to the following areas: 1. Alternative and complementary medicine, 2. Indigenous medicine, 3. Conventional medicine, 4. Emergencies and cultural adecuation of the delivery 5. Health fair 20 minutes per group on each area
11:30	Departure from Guamaní
12:30	Arrival to Swissôtel
	Plenary Session
12:30 -12:45	**Nacional context** **Presentation:** Plural offer of services in the framework of the intercultural policies according to the sanitary authority **Fernando Calderón, MD** Director Dirección Nacional de Salud de los Pueblos Indígenas. Intercultural Medicine, Ministry of Health of Ecuador
12:45-13:00	Guamaní Experience Video presentation **Jorge Chávez, MD** Director of the Area 19, Guamaní
13:00 - 13:15	Presentation: Tradicional, alternative and complementary medicine cover **Magaline Acosta, BA** Responsible Quality Management Process of the Area 19, Guamaní
13:15–13: 30	Questions and answers session
13:30 -13:45	Indigenous closing ceremony **Mr. Rafael Quispe,** Kichwa peoples Yachac, Area 19, Guamaní
13:45–14: 45	Luncheon
15:00 -19:00	Guided visit to Mitad del Mundo
19:00	Return to Swissôtel

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Ministerio de Salud Pública

Pan American Health Organization
Regional Office of the World Health Organization

Health Canada / Santé Canada

Canadian International Development Agency / Agence canadienne de développement international

National Collaborating Centre for Aboriginal Health
Centre de collaboration nationale de la santé autochtone

Fondo Indígena

Regional Health Program of the Indigenous Peoples
http://www.paho.org/spanish/AD/THS/OS/Indig-home.htm

Social Determinants of Health of the Indigenous Peoples
http://devserver.paho.org/dssi