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STRATEGY AND PLAN OF ACTION ON ETHNICITY AND HEALTH 2019–2025: PROGRESS REPORT

Background

1.   The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress made in the implementation of the Strategy and Plan of Action on Ethnicity and Health 2019–2025 (Document CD57/13, Rev. 1), adopted by the 57th Directing Council of PAHO in 2019 by means of Resolution CD57.R14 *(1, 2)*, in which specific targets and goals were established for the 2019–2025 period in accordance with the indicators of the Sustainable Development Goals *(3)* and the outcome indicators of PAHO's Strategic Plan 2020–2025 *(4)*. In 2017, the 29th Pan American Sanitary Conference adopted the Policy on Ethnicity and Health *(5)*, aimed at promoting the necessary measures to guarantee an intercultural approach in access to health care and services. Within the framework of universal health, PAHO Member States carry out actions to ensure that all individuals and communities have access, without any type of discrimination, to comprehensive, adequate, timely and quality health services. Despite these efforts, members of certain ethnic groups —including Indigenous, Afro-descendant, and Roma populations—continue to face situations of inequality, discrimination, and social exclusion.

Analysis of Progress Achieved

2.   The Region of the Americas is the first World Health Organization (WHO) Region to adopt a strategy and plan of action of this kind. With substantial input from Member States and regional and global experts, this marks a milestone in global acceptance of the need to address marginalization and discrimination based on ethnicity, since, in interaction with other structural determinants such as gender, this produces inequities in the field of health. The Strategy and Action Plan on Ethnicity and Health 2019–2025 *(1)* promotes intercultural approaches to health and drives action on the social determinants of health, with the participation of stakeholder groups.

3.   The technical document Strategy and Plan of Action on Ethnicity and Health 2019–2025: Impact and Process Indicators *(6)* and its revised edition *(7)* contain technical specifications for implementation. Information from countries and territories

was sought regarding the achievement of indicators and the means for verifying them. In addition, forms were developed in order for PAHO country offices to corroborate and supplement the available information on the indicators.

4. The following table presents the progress made toward achieving the objectives of the strategy and plan of action. With regard to impact indicators, for various reasons there is insufficient information to confirm whether any country or territory in the Region meets their specific attributes. First, some countries do not yet have an ethnicity variable in their information systems; among those that do, some did not provide the requested data or sent fragmented information. In addition, the impact of the COVID-19 pandemic on populations and on health systems and services meant that for a considerable period of time, health care and the information it generated were focused on the aspects most closely linked to the pandemic.

Objective 1: Reduce the maternal mortality ratio	
Indicator, baseline, and target	**Status**
Number of countries and territories that have reduced the maternal mortality gap by at least 30% in at least one of the following populations: indigenous, Afro-descendant, and Roma Baseline (2019): 0 Target (2025): 12	In three countries with data available to estimate the disaggregated maternal mortality ratio in very specific periods, it has been observed that Afro-descendant women are at a disadvantage compared to non-Afro-descendants.
Objective 2: Reduce the under 5 mortality rate	
Indicator, baseline, and target	**Status**
Number of countries and territories that have reduced the mortality gap in children under 5 by at least 30% in at least one of the following populations: indigenous, Afro-descendant, and Roma Baseline (2019): 0 Target (2025): 12	In six countries with data available to estimate disaggregated under five mortality for very specific periods, it has been observed that children in the Afro-descendant population have some degree of disadvantage compared to non-Afro-descendant children.
Objective 3: Reduce the incidence of tuberculosis	
Indicator, baseline, and target	**Status**
Number of countries and territories that have reduced the incidence of tuberculosis in indigenous, Afro-descendant, or Roma populations by at least 50% compared to 2015 Baseline (2019): 0 Target (2025): 8	Four countries with data are moving toward meeting the indicator in their Indigenous populations (cut-off year: 2020). It will be necessary to evaluate the status and behavior of the indicator in the coming years, due to the impact of the COVID-19 pandemic on essential health services related to tuberculosis *(8)*.

Strategic Line of Action 1: Production of evidence

5.   Progress has been made in the production, comprehensive management, and analysis of health information disaggregated by ethnicity. However, it is necessary to continue strengthening the production of evidence, especially in these ways: incorporating ethnic self-identification as a variable within vital statistics; including an explicit commitment to examine ethnicity and health in the national research agenda; and using health information on ethnic groups to develop policies, strategies, plans, and programs.

Objective 1.1: Promote the production of disaggregated data and information on the health of different ethnic groups and their determinants	
Indicator,* baseline, and target	**Status**
1.1.1 Number of countries and territories that include ethnic self-identification as a variable in their vital statistics (birth and death records) Baseline (2019): 8 Target (2025): 15	The number of countries and territories is still at the baseline. There has been no progress on this indicator.
1.1.2 Number of countries and territories that capture data on ethnic self-identification in their administrative health records Baseline (2019): 8 Target (2025): 15	In 2022, 11 countries had achieved the indicator.
Objective 1.2: Strengthen institutional capacities to analyze the health situation with a focus on ethnicity	
Indicator,* baseline, and target	**Status**
1.2.1 Number of countries and territories that have an up-to-date national profile of the health situation, with data disaggregated by ethnicity and sex Baseline (2019): 10 Target (2025): 15	In 2022, 12 countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Objective 1.3: Promote research on the health of indigenous, Afro-descendant, and Roma populations, and other ethnic groups	
Indicator,* baseline, and target	**Status**
1.3.1 Number of countries and territories whose research agenda includes an explicit commitment to examine ethnicity and health Baseline (2019): 8 Target (2025): 12	The number of countries and territories is still at the baseline. There has been no progress on this indicator.
1.3.2 Number of countries and territories that have completed studies on barriers to equitable access to health services Baseline (2019): 24 Target (2025): 36	In 2022, 28 countries had achieved the indicator.
Objective 1.4: Promote mechanisms to disseminate information on ethnicity and health, and for its use in decision-making, promotion of this approach, and accountability	
Indicator,* baseline, and target	**Status**
1.4.1 Number of countries and territories that use health information on different ethnic groups in the development of policies, strategies, plans, and programs Baseline (2019): 16 Target (2025): 36	In 2022, 17 countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Strategic Line of Action 2: Promotion of political action for universal access to health

6.   Currently, interventions are being carried out in some countries that recognize and implement an intercultural and intersectoral approach, together with actions on social determinants and the elimination of discrimination. Despite these advances, there are regulatory gaps with respect to international standards; policies must be implemented to address ethnic inequities and discrimination in the health system; health systems must be developed with an intercultural approach; and periodic reports must be produced for accountability about reducing ethnic inequities in health.

Objective 2.1: Promote public policy actions that addresses ethnicity and health	
Indicator,* baseline, and target	**Status**
2.1.1 Number of countries that have ratified International Labor Organization (ILO) Convention 169 on indigenous and tribal peoples Baseline (2019): 13 Target (2025): 15	In 2022, 14 countries had achieved the indicator.
2.1.2 Number of countries and territories that implement policies to address ethnic inequities in health Baseline (2019): 17 Target (2025): 26	In 2022, 19 countries had achieved the indicator.
2.1.3 Number of countries and territories that have included ethnicity and health in their national development agendas Baseline (2019): 13 Target (2025): 19	In 2022, 15 countries had achieved the indicator.
Objective 2.2: Promote culturally appropriate health systems and services for all	
Indicator,* baseline, and target	**Status**
2.2.1 Number of countries and territories that have developed or are operating health systems with an intercultural approach Baseline (2019): 16 Target (2025): 26	In 2022, 17 countries had achieved the indicator.
2.2.2 Number of countries and territories that have policies that address discrimination in the health system based on ethnic origin Baseline (2019): 6 Target (2025): 12	In 2022, nine countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Objective 2.3: Promote accountability mechanisms for the reduction in health inequities	
Indicator,* baseline, and target	**Status**
2.3.1 Number of countries and territories that produce a periodic report on the reduction in ethnic inequities in health Baseline (2019): 0 Target (2025): 6	With the information available, it has not been possible to establish achievement of the indicator in any of the countries or territories.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Strategic Line of Action 3: Promote social participation and strategic partnerships

7. The information obtained reveals timid progress in the promotion of social participation in health by Indigenous, Afro-descendant, Roma, or other ethnic groups. There is little evidence on strategic partnerships between these groups and other relevant actors for the development of health-related policies and actions.

Objective 3.1: Promote the participation of different ethnic groups in the development of health-related policies and actions	
Indicator,* baseline, and target	**Status**
3.1.1 Number of countries and territories that ensure social participation by different ethnic groups in national mechanisms for health-related policies and actions Baseline (2019): 15 Target (2025): 26	In 2022, 16 countries had achieved the indicator.
3.1.2 Number of countries and territories that have official mechanisms for social participation in reporting on the reduction of ethnic inequities in health Baseline (2019): 8 Target (2025): 16	In 2022, nine countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Strategic Line of Action 4: Recognition of ancestral knowledge and traditional and complementary medicine

8. In recent years, PAHO has been promoting knowledge dialogues, a key tool to advance toward different participatory purposes, strategies, programs, and interventions. Among these is the development and strengthening of intercultural models of health as a way of focusing attention on the needs of individuals and communities, taking into account the diverse worldviews of different groups. There has been little progress on this strategic line, making it urgent to continue helping Member States to strengthen their skills in intercultural health. PAHO will continue to promote concrete actions to operationalize existing regulations on traditional medicine and ancestral knowledge.

Objective 4.1: Promote recognition, respect, and protection of knowledge-based traditional, ancestral, and complementary medicines in national health systems	
Indicator,* baseline, and target	**Status**
4.1.1 Number of countries and territories that have laws, policies, and/or strategies to recognize, respect, protect, and incorporate traditional, knowledge-based ancestral, and complementary medicine in national health systems Baseline (2019): 17 Target (2025): 24	The number of countries and territories remains at the baseline. There has been no progress on this indicator.
4.1.2 Number of countries and territories that have institutional entities and guidance instruments to promote respect for traditional healers and ancestral therapists, within the health sector Baseline (2019): 10 Target (2025): 24	In 2022, 12 countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Strategic Line of Action 5: Capacity development at all levels

9. In the Region, efforts have been made to train both institutional and community health workers in intercultural health; to strengthen the practice and knowledge of traditional medicine practitioners; and to encourage the participation of people representing different ethnic groups in health systems. The aim of all this is to promote culturally relevant care that empowers the community and responds to its specific needs. An intercultural focus and action on social determinants should be strengthened in curricula for professional training.

Objective 5.1: Strengthen institutional and community capacities in ethnicity and health	
Indicator,* baseline, and target	**Status**
5.1.1 Number of countries and territories that have incorporated interculturalism into the curricular content of professional training in the health sciences and/or that have included training in intercultural competencies for health professionals Baseline (2019): 10 Target (2025): 15	The number of countries and territories remains at the baseline. There has been no progress on this indicator.
5.1.2 Number of countries and territories that have institutional mechanisms to incorporate professionals who belong to different ethnic groups into their health services Baseline (2019): 10 Target (2025): 15	In 2022, 13 countries had achieved the indicator.
5.1.3 Number of countries and territories that have formal mechanisms to build health worker capacities in interculturalism at the community level Baseline (2019): 5 Target (2025): 10	In 2022, six countries had achieved the indicator.

* Disaggregated by indigenous, Afro-descendant, and Roma populations, as appropriate to each country's ethnic make-up.

Lessons Learned

10. In the Region of the Americas, important measures have been promoted to ensure the adoption of an intercultural approach in access to health care and services, considering social determinants from a position of equality and mutual respect. This recognizes the value of the cultural practices of different ethnic groups and their lifestyles, social organization, value systems, traditions, and worldviews. Some of these efforts may not be reflected in this report if no information about them has been published on official sites or if such information had not been reported when the data was collected.

11. The various projects, plans, and strategies promoted by PAHO offer an opportunity to strengthen implementation of this initiative. Each of them can be used to deploy actions on the social determinants of health while encouraging the participation of different ethnic groups, in addition to incorporating gender and life course approaches. It is important to bear in mind the variety of factors related to vulnerability faced by certain groups, such as Indigenous peoples and the

Afro-descendant population. An intersectional approach will allow us to work toward health equity by addressing the complex interactions and variety of conditions that affect them.

12. As was the case with almost all ongoing public health initiatives, the COVID-19 pandemic hindered progress on all five of the strategy's lines of action. Despite this, the pandemic was also an opportunity to remind the health systems of the Region that certain ethnic groups are in situations of greater vulnerability than the general population, and to reflect on that. Some Indigenous communities, especially in the Amazon basin, already faced challenges such as tuberculosis, malaria, measles, and yellow fever; these challenges, added to the lack of water and sanitation, among other factors, multiplied the vulnerability of these populations to SARS-CoV-2 *(9)*.

Action Needed to Improve the Situation

13. In light of the achievements and challenges presented in this report, the following actions are proposed for the consideration of the Member States:

a) Strengthen the generation of data disaggregated by ethnicity and incorporating ethnic self-identification within national vital statistics systems and administrative health records, and include an explicit commitment to investigating ethnicity and health in national research agendas.

b) Make progress on the ratification of ILO Convention 169 and promote policies to address the needs of different ethnic groups, and studies examining access barriers facing these populations.

c) Continue to promote the social participation of Indigenous, Afro-descendant, Roma, and other ethnic groups, as well as strategic partnerships with these communities, according to the national context, and ensure the participation of women in addressing any health issue that affects them.

14. The Pan American Sanitary Bureau will continue to support the work of Member States to ensure the effective mainstreaming of interculturality in various programs and to move toward ethnic equity in all countries and territories of the Region. In this line, technical cooperation will be strengthened so that progress can be made toward achievement of the indicators in the strategy and plan of action by 2025, by means of tools that promote interculturality, such as intercultural dialogues, starting at the local levels of the health system.

Action by the Directing Council

15. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

References

1. Pan American Health Organization. Strategy and Plan of Action on Ethnicity and Health 2019–2025 [Document CD57/13, Rev. 1]. 57th PAHO Directing Council, 71st Session of the Regional Committee of WHO for the Americas; 30 September 30 – 4 October 2019. Washington, D.C.: PAHO; 2019. Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49791-cd57-13-e-strategy-poa-ethnicity&category_slug=cd57-en&Itemid=270&lang=en.

2. Pan American Health Organization. Strategy and Plan of Action on Ethnicity and Health 2019–2025 [Resolution CD57.R14]. 57th PAHO Directing Council, 71st Session of the Regional Committee of WHO for the Americas; 30 September – 4 October 2019. Washington, D.C.: PAHO; 2019. Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=50628-cd57-r14-e-strategy-poa-ethnicity&category_slug=cd57-en&Itemid=270&lang=en.

3. United Nations. The 2030 Agenda and the Sustainable Development Goals. An opportunity for Latin America and the Caribbean. Santiago: United Nations; 2018. (LC/G.2681-P/Rev.3). Available from: https://www.cepal.org/sites/default/files/events/files/2030_agenda_and_the_sdgs_an_opportunity_for_latin_america_and_the_caribbean.pdf.

4. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020–2025. Washington, D.C.: PAHO; 2020. Available from: https://www.paho.org/en/documents/strategic-plan-pan-american-health-organization-2020-2025-equity-heart-health.

5. Pan American Health Organization. Policy on Ethnicity and Health [Document CSP29/7, Rev. 1]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 25–29 September 2017. Washington, D.C.: PAHO; 2017. Available from: https://www.paho.org/en/documents/csp297-policy-ethnicity-and-health.

6. Pan American Health Organization. Estrategia y plan de acción sobre etnicidad y salud 2019-2025. Indicadores de impacto y de proceso. Washington, D.C.: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/54920.

7. Pan American Health Organization. Estrategia y plan de acción sobre etnicidad y salud 2019–2025. Indicadores de impacto y de proceso. Edición revisada. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/57053.

8. Pan American Health Organization. Diagnosis of new TB cases in the Americas reduced by 15–20% in 2020 due to the pandemic. Washington, D.C.: PAHO; 24 March 2021. Available from: https://www.paho.org/en/news/24-3-2021-diagnosis-new-tb-cases-americas-reduced-15-20-during-2020-due-pandemic.

9. Pan American Health Organization. Considerations on Indigenous Peoples, Afro-descendants, and other Ethnic Groups during the COVID-19 Pandemic. Washington, D.C.: PAHO; 2020. Available from: https://iris.paho.org/handle/10665.2/52251.

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