



Statement

on

Health

by

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to the

Twelfth Session of the Permanent Forum on Indigenous Issues

20 May, 2013

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**Excellencies,
Distinguished Delegates and Members of the Permanent Forum on Indigenous Issues,
Distinguished Elders and Representatives of Indigenous Peoples' Organizations,
Colleagues,
Ladies and Gentlemen,**

The Pan American Health Organization, commonly referred to as PAHO, is the Regional Office of the World Health Organization for the Americas. PAHO/WHO is honored to participate in this discussion on health, which is one of the priority areas under review this year by the Permanent Forum on Indigenous Issues. The core focus of our work is promotion of health and wellbeing of all peoples, the establishment of norms and standards, as well the provision of technical support to Member States to address their health challenges.

Over the past decade, there has been significant progress in economic and social development in all regions. In the area of health, specifically - cases of TB and malaria are decreasing; we now have safer antiretroviral drugs in some of the poorest countries of the world; immunization rates are increasing and the number of children and mothers dying is on the decline, in most regions of the world. Unfortunately, these advances have not impacted substantially on the health and wellbeing of indigenous peoples. There are more than 370 million indigenous peoples worldwide, and most lack access to conventional public health services; are discriminated against and have disproportionately higher levels of poverty, illiteracy, fertility, and increased vulnerability to violence. One of the consequences of their exclusion and discrimination in society is lower health indicators in comparison to their non-indigenous counterparts.

It is reported that in some regions of Australia, the Aboriginal and Torres Strait Islanders have a prevalence rate of diabetes as high as 26%, which is six-times higher than the general population, while in Canada, the suicide rate among Inuit youth is eleven times that of the national average and among the highest in the world. This situation is similar to that of the Americas. For example, the infant mortality rate among indigenous children in Panama is more than three times higher than the national and in Bolivia, approximately 20% of indigenous population are deemed illiterate as compared to 5% of their non-indigenous counterparts. Such disparities in health, and conditions for health, between indigenous and non-indigenous peoples are clearly unacceptable and that prompted PAHO to prioritize the achievement of equity in the health of indigenous peoples and tribal communities in its current Health Agenda of the Americas, for the period 2008-2017.

Although I intend to focus on health-related developments of indigenous peoples in the Americas in my presentation today, I hope that the interactive dialogue, which follows, would allow us to explore innovative ways through which PAHO, WHO, governments and indigenous peoples can work collectively towards ensuring that indigenous peoples, globally, are provided with quality and culturally appropriate health care.

Distinguished Colleagues,

The engagement of PAHO/WHO with indigenous peoples predates the inauguration of the First Decade of the World's Indigenous Peoples and has largely been premised on the indigenous perspective of health, which includes social, environmental and spiritual dimensions, and the need to respect, preserve and maintain traditional medicine.

PAHO's initiative "Health of the Indigenous Peoples Initiative," has five lines of action:

1. Incorporating the perspective of indigenous peoples into programs in support of the attainment of the MDGs;
2. Improving information and knowledge management on indigenous health issues;
3. Strengthening regional and national capacity for evidence-based, decision-making;
4. Integrating of an intercultural approach into primary health care systems including the use of traditional medicines, practices and providers; and
5. Developing strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous women and men.

This initiative is currently being evaluated after 20 years of implementation.

PAHO supports the efforts of Member States to reform national policies and programs, with the active participation of indigenous peoples, trains health workers and traditional health providers to work together, adapts and disseminates health promotion information in the dialects of the communities, and collaborates with government agencies, and a wide range of partners at the community, national and international levels.

Many States have benefited from PAHO's assistance to improve their policies and programs:

- In Panama, PAHO supported the Ministry of Health and indigenous leaders, in a participatory process to develop its new five-year health plan for Indigenous People;

- In Paraguay, PAHO assisted the government to develop a new National Policy on the Health of Indigenous Peoples aimed at increasing their access to health care through, among other things, the primary health care approach, emphasizing community participation, and the creation of mobile health teams. This plan is being implemented through alliances with local governments, nongovernmental organizations, and UNICEF.
- In Peru, last year, we collaborated with CIDA to support the development of an action plan to transform the health of indigenous population in the Amazonas region, where between 37-56% of children ages 6-9 years suffer from chronic malnutrition. Representatives of the Bagua Network and the Condorcanqui Network joined experts and officials in this process.

PAHO is working through a consultative process to develop a new model which articulates traditional and western medicine.

In addition, we continue to integrate the intercultural approach into several of our technical cooperation programs: communicable diseases, reproductive health, water and sanitation, maternal and child health, mental health, HIV/AIDS, health of older persons, and oral health. One of our priorities is addressing the lack of health disaggregated data to inform policies and programs and to support health research. We are working in all countries in collaboration with ECLAC to add the ethnicity variables to the health information systems and to building capacity for the relevant analyses.

Distinguished Colleagues, the region of the Americas is unfortunately still the most inequitable region of the world and PAHO recognized that it would be important to empower and support the most vulnerable communities, if the MDGs were to be achieved throughout the Region. In 2006, PAHO therefor launched the “**Faces, Voices and Places**” initiative to facilitate closer collaboration between states and vulnerable populations, including indigenous peoples; to empower them to defend their rights; and undertake concrete actions towards the MDGs. Through partnerships with local leaders, NGOs, and UN agencies, we are now working in over 30 communities, in 17 countries and four transnational territories (Altiplano, Amazonas, Chaco and Mosquitia).

Earlier this year, PAHO collaborated with the Spanish Agency for International Development Cooperation to convene a forum in Antigua, Guatemala, with mayors, indigenous leaders and grassroots organizations where they shared their experiences in relation to the health MDGs and, their perspectives about the regional post 2015 development agenda.

In the Forum in Guatemala, PAHO took the opportunity to share our firm belief that Universal Health Coverage is a major vehicle through which the inequities in health, including among the indigenous peoples, can be reduced. This approach aims to achieve three results - increase the number of people who have access to health care; increase the quantity and quality of the services; and to ensure that NOONE is impoverished due to illness.

One of our innovative programs to encourage attention to the health of indigenous peoples is the annual competition on "Best Practices that Integrate Equality and Fairness in Gender and Interculturalism". Last year, Colombia was among the winners for its submission of the program "Safe Maternity in the Pacific Region of Cauca: The Road to a Happy Birth," which focused on Indigenous and Afro-descendant peoples and displaced populations.

Here at the UN, PAHO and WHO are active members of the UN Inter-agency Support Group that supports the work of the Forum.

- In 2011, PAHO collaborated with Member States of the Caribbean Community (CARICOM) to hold a side events during the sessions of the Permanent Forum to raise awareness of the high prevalence of many NCDs among indigenous peoples; the outcome of this dialogue contributed to the Political Declaration adopted at the UN High Level Meeting on NCDs.
- Last year, PAHO, FAO, CARICOM and the Government of the Plurinational State of Bolivia collaborated to discuss the utilization of indigenous foods in the prevention of NCDs.
- This year we will be hosting two side events: in the first we will explore the necessity for investing in young people and adolescents to achieve healthy populations (tomorrow, May 21), while in the other we will focus on the value of traditional knowledge and the sharing of perspectives on issues related to the health MDGs (next Tuesday, May 28). We hope that indigenous representatives will participate actively in both two events.

While several successes have been recorded in the health of indigenous peoples in the Americas, as in all regions of the world, more still needs to be done in areas such as the communicable diseases; the non-communicable diseases which are now responsible for 80% of deaths globally and mental health of indigenous youth. Additionally, attention should also be accorded to the inequities in the living conditions for health, such as the economic, social and environmental factors, such as education for health, which mitigate against the full attainment of the physical and mental health of indigenous peoples.

PAHO/WHO stands ready to collaborate with and support communities of Indigenous Peoples, and Members States. As 2015 looms on the horizon, let us accelerate our actions to improve the health of Indigenous Peoples.

Distinguished Colleagues, before I conclude, I have the honor to announce this year's winner in the Best Practice competition to which I referred previously – It is Ecuador with the best practice titled “Improving life conditions and strengthening the identity of the Andean population of Cotacachi, through the promotion of intercultural practices on ancestral health” Congratulations Ecuador! The award will be presented by our Director, Dr Carissa Etienne, in a ceremony which will take place in Washington, on 7 June, 2013.

I thank you.