



Health of the Indigenous Peoples Initiative
Dr. Rocío Rojas, PAHO/WHO
Regional Adviser in Health of the Indigenous Peoples
Area of Technology and Health Services Delivery
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Thanks Madam Chair for the opportunity to address the audience of the Sixth Session of the Permanent Forum and share the information about the work that the Pan American Health Organization has carried out within the framework of the Health of the Indigenous Peoples Initiative.

If we realize that for the more than 600 indigenous peoples of the Hemisphere health is synonymous of full life in harmony with the social, natural, and spiritual environment, turns out unacceptable the alarming inequity found in the territories where indigenous peoples are located. This is evident in the disproportionately high rates of maternal and child mortality affecting indigenous communities. For example, in Guatemala, a country with 42% of indigenous population, maternal mortality rates are 3 times higher among indigenous women, with 211 per 100,000 live births, compared with 70 per 100,000 live births among non-indigenous women. In Bolivia, the average infant mortality rate is 102 per 1,000 live births in 51 rural municipalities with more than 50% of native monolingual women compared with 54 per 1,000 live births for the general population. In this perspective, all the Millennium Development Goals appear as virtually unattainable goals.

In light of this reality, PAHO Member Countries present in the 47^o Directing Council held in September, 2006, upon reviewing the progress and challenges in addressing the health of the indigenous peoples expressed their profound concern regarding this type of inequities, signed Resolution C47.R18 reaffirming their commitment to renew their efforts to address this situation within the process to achieve the Millennium Development Goals and the renewal of Primary Health Care Strategy.

Analyzing PAHO's recent work, we refer to two closely connected moments: the evaluation of the achievements in health within the framework of the conclusion of the International Decade of the Indigenous Peoples of the World in 2004, and the current processes strengthened by the recent approved resolution. With regard to the 2004 evaluation, the greatest achievement describe was the positioning of the health of the indigenous peoples in the international and national agendas evidenced in the agreements and public policies, and positive experiences throughout the Hemisphere. The defined challenges had to do with the need for improving the information and the evidenced-based management in health, and the urgency to strengthen the development of human resources with an absolutely necessary intercultural approach to work with indigenous peoples and multicultural populations. Indeed, the intercultural approach to health

conceives health as a right, takes into account the way in which indigenous peoples and other ethnic groups understand life and health and, at the same time, demands capability of health workers to act in a balanced way among different cultural practices, knowledge, and beliefs.

At present, our work is aimed at disseminating and enriching the conceptual frameworks to incorporate the intercultural approach to health considering gender and generation needs, according to the indigenous perspective. In addition, we are in the process of systematizing the successful experiences that, with a validated methodology, have made it possible to identify possible solutions for some problems included in the MDGs. In this regard we mention the following: maternal and child mortality among the Kichwas of Cotacachi, Ecuador, malaria in Bisira, Comarca Nögbe Buglé, Panama, tuberculosis in 5 Departments with indigenous population in Colombia, HIV/AIDS with the Wayuú people in Venezuela. Special emphasis has been given to the development of disaggregated information considering ethnicity as variable, specific experiences are underway in Brazil, Ecuador, and Nicaragua among others. Along with these experiences, we are also engaged in strengthening the health teams, for which, in addition to community experiences, two graduate programs in interculturalism in health that have been structured in collaboration with the Indigenous Fund are in progress.

These processes of work have been benefited by the establishment of strategic partnerships both intra-institutional with 18 PAHO Regional Programs, and inter-institutional with supranational bodies as the Andean Regional Health Body, the Network of Intercultural Health, the Indigenous Fund, and the United Nations Permanent Forum of Indigenous Issues, as well as with the coordination with other WHO regions in the analysis of social determinants in the health of the indigenous peoples.

Although health problems that affect all the populations of the Hemisphere and specifically indigenous and vulnerable peoples, in general, have a direct relationship with the economic, social, political and cultural situation of the countries and the current model of development, the presence of diseases such as plague, trachoma, onchocerciasis and violence against men and women in indigenous territories is claiming for solutions that should be inserted in the context of solving these serious inequities.

Although the indigenous peoples appear as discriminated and exploited groups, there is no doubt that within the same peoples there are also levels of inequity that should be progressively surpassed. This is the case of indigenous children, older adults and women. The indigenous woman basically because of her condition of mother accumulates risks that are magnified because she belongs to a marginalized population group, with the consequent negative results on her health and life, and on the health and life of her children, family, and people.

We live in an interrelated and interconnected world. In this regard, the indigenous peoples, especially because their members have to leave their communities and countries to seek better living conditions, should be understood in areas that go beyond national boundaries. Along with the tragedy of migration, we also attend to the constant reinvention of indigenous cultures in a globalized world. If we are faithful to the

comprehensive perspective of health that is proposed for the same indigenous peoples, we should advance toward the construction of plural citizenships, which place the intercultural approach to health as political proposal whose goal is to contribute to the achievement of equity in a context of recognition and respect for cultural diversity.

Thanks