1. Introduction

WHO's governing body is the World Health Assembly, and the Organization's mandate with respect to indigenous health stems from those WHA resolutions. A number of resolutions have been adopted by the World Health Assembly requesting action throughout all levels of the Organization. Key among these was Resolution 54.16 which called for a global plan of action to improve the health of indigenous people. The outline of a Global Strategy was prepared in consultation with all WHO Regions and presented to the 55th World Health Assembly in May 2002. In Resolution 55.35 the WHA adopted the strategy with the recommendation that the Secretariat work closely with interested Member States and the Permanent Forum in elaborating it further. The strategy recommended action in five areas: (1) Health and demographic data and information; (2) Health promotion; (3) Health systems and access to care; (4) Influencing the determinants of health; and (5) Promoting enhanced political commitment and national capacity. WHO is currently working on further developing this strategy, through consultations at the regional and country levels.

2. Past and Current WHO Activities

HQ Publications

Below is a listing of WHO publications relevant to indigenous health including work of WHO's regional and country offices related to indigenous health.

- *WHO's Traditional Medicine Strategy 2002-2005* aims to protect and preserve indigenous traditional medicine knowledge and to facilitate increased recording and preservation of indigenous knowledge of traditional medicine, including development of digital traditional medicine libraries.
- Following a wide consultative process the WHO Secretariat, in conjunction with the Centre for Indigenous Peoples' Nutrition and Environment (CINE), in 2003 published a booklet, *Indigenous Peoples & Participatory Health Research*, as a draft for further comment and elaboration. The publication emphasizes that "Health research involving Indigenous Peoples, whether initiated by the community itself or by a research institute, needs to be organized, designed and carried out in a manner that takes account of cultural differences, is based on mutual respect, and is beneficial and acceptable to both parties".
• WHO also published the *Global Compendium of Indigenous Health Research Institutions* (2001); this is a comprehensive listing of the major academic and government institutions worldwide engaged in research on the health and wellbeing of indigenous and tribal peoples, or in the provision of information which supports health research.

• *The Mental Health of Indigenous Peoples: An International Overview* (1999) is a report which offers, an overview of the sociocultural and socioeconomic worlds in which indigenous people live; a survey of epidemiological information about mental health problems among indigenous people; and, finally, recommendations on ways to support efforts by the indigenous people of the world to address mental health problems.

• *The Health of Indigenous Peoples* (1999): presents information on the socioeconomic and health conditions of indigenous people around the world. The document also discusses traditional and Western healing systems and finally presents information on health-related initiatives, including WHO/PAHO initiative on the health of indigenous peoples.

• Several publications relate to the Indigenous People and Substance Abuse Project (1998). Many of these focus on community development action, a process to assist indigenous communities to work with problems relating to psychoactive substances.

**Data Collection and Disaggregation**

Systematic information on demographics and health statistics concerning indigenous peoples or ethnic populations is scarce. Data and evidence from research on issues of health and ethnicity is sporadic, often small-scale and methodologically inconsistent. Results are therefore not generalizable, and prove insufficient to inform policy. Data quality varies greatly. Despite this, a general pattern indicates that indigenous peoples and marginalized ethnic populations in many countries have lower life expectancy and health status than other population groups.

WHO disaggregates health information with respect to gender, age and in many cases poverty. Where appropriate, within a national setting, information will also reflect ethnicity. All of WHO’s work with countries reflects agreed WHO cooperation strategies and is also designed to health national authorities pursue and the realize the Millennium Development Goals.

WHO anticipates supporting country work to disaggregate data with respect to relevant variables. However, there are a number of technical and political constraints to accessing reliable data disaggregated by ethnicity.

**Additional Work Completed and Ongoing at WHO Headquarters**

• The Traditional Medicine Programme at WHO provides normative and country programme support to member States to help them develop their traditional
medicine systems and integrate these into their national health care systems to ensure the appropriate, safe and effective use of traditional medicine.

- An international Consultation on the Health of Indigenous Peoples was held at WHO headquarters in November 1999. A series of recommendations aimed at improving the health of indigenous populations was made by the indigenous participants, and the indigenous caucus held parallel to the meeting drew up and adopted the Geneva Declaration on the Health and Survival of Indigenous Peoples (WHO/HSD/00.2).
- WHO is in the process of writing a publication which will focus on the health situation of marginalized ethnic population groups, including indigenous and tribal peoples, from a human rights perspective.

Regional Activities

- Since 1993 the Pan American Health Organization (PAHO) has implemented systematic actions with regard to indigenous health in compliance with Resolutions CD37.R5 (1993) and CD40.R6 (1997). The PAHO technical cooperation and the actions of the Member States are based on the principles of the Health of the Indigenous Peoples Initiative. These principles are: the need for a holistic approach to health; the right to self-determination of indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; and reciprocity in relations.


  Work to date has been concentrated in the following five areas: building capacity and alliances; working with Member States to implement national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical, and public information.

  In summary, the Health of the Indigenous Peoples Initiative has been characterized by its capacity to convene the efforts of the programs promoted by PAHO and the proposals of the countries themselves. Currently, there are projects and/or inter-programmatic activities in 16 areas: Integrated Management of Childhood Illness (IMCI), Malaria, Tuberculosis, Reproductive Health, Water and Sanitation, Maternal and Child Health, Virtual Campus, Mental Health, Alcohol and Substance Abuse, Human Rights, STI - HIV-AIDS, Social Exclusion, Elders’ Health, Oral Health, Eye Health, Rehabilitation, Access to water and sanitation.

  The Initiative not only has been effective in advocating for the well-being of the indigenous peoples of the Americas in regional, national, and local forums, but also in forging strategic partnerships and networks that have promoted processes in order to
improve the health conditions of these peoples. Results to be highlighted include networks of collaboration, policy-making, strategies, plans and projects, as well as institutional, community and human resources development programs.

PAHO has had a significant involvement in the UN Permanent Forum on Indigenous Issues and in interagency activities, for example, with the IDB, the World Bank, the Organization of American States, bilateral cooperation agencies, the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean, the Office of Alternative Medicine of the National Institutes of Health of the United States, the Indigenous Health Services of Canada and of the United States. In the countries the establishment of subregional and national networks on health of the indigenous peoples has been promoted. An inventory of institutions that work in indigenous health is available for the Central American countries.

PAHO’s support in national processes has influenced compliance with the international agreements, the development of public policies, and the establishment and/or development of Technical Units in charge of the health of the indigenous peoples as well as national initiatives in nineteen countries of the Region: Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Dominica, Ecuador, El Salvador, the United States, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Venezuela. Resolutions CD37.R5 of 1993 and CD40.R6 of 1997 of the Directing Council of PAHO and the plans and directives of the Health of the Indigenous Peoples Initiative have been the framework in several countries for the development of initiatives, policies, programs and national projects. The involvement of the indigenous representatives in the actions of Technical Cooperation has been a permanent priority.

The conceptual and methodological development of the intercultural approach to health based on the concrete experiences of the Member States has been an important referent for health care in indigenous communities in order to improve the efficacy of the delivery of health services considering the indigenous resources, prospects, practices, therapies and medicines. This became evident, for instance, in 6 case studies on the incorporation of the practices, therapies, and indigenous medicines in primary health care carried out with the Mapuche of Chile, Nahuatl-Pipil of El Salvador, Mayan of Guatemala, Garífuna of Honduras, Ngöbe-Buglé of Panama and Kechwa of Peru. The results of the case studies and an extensive literature review on the subject gave rise to the formulation of strategic guidelines for the incorporation of the practices, therapies, and indigenous medicines in primary health care.

An important aspect has been the basic and permanent education of the health workers who provide care in the multicultural communities and the development of modules for the training of human resources, indigenous and non-indigenous in the intercultural approach, for example, in Bolivia, Brazil, Ecuador, Guatemala, Honduras and Nicaragua. Several seminars and technical meetings have responded to the priority expressed by the countries to develop the knowledge and capacities of health workers in order to include and respond to the needs of health of the population in a culturally diverse context. In the methodology of adaptation and development of instruments for the
intercultural approach of priority programs such as the Integrated Management of Childhood Illness (IMCI) Strategy, the Roll Back Malaria Initiative, the Water and Sanitation Program, HIV/AIDS, among others. The production and dissemination of technical, scientific and public information has permitted, not only, to socialize the experience accumulated by the countries but also to affect the production and use of the knowledge of the health of the indigenous peoples (Annex: List of Publications).

Although progress has been made in addressing the health needs of indigenous peoples, a variety of studies support the need for renewed efforts to address the serious and pervasive inequities that still exist in health status and health service coverage. Therefore, based on the Health of the Indigenous Peoples Initiative and the evaluation of the International Decade of the World’s Indigenous Peoples carried out in 2004, the “Health of the Indigenous Peoples of the Americas Program” has been established as a new space to deepen, expand, and consolidate the development of the health of the indigenous peoples of the Region. The goal is to contribute to the achievement of equity in the Americas in a context of recognition and respect of cultural diversity of the peoples, in order to obtain complete wellbeing; the purpose is the strengthening of the local, national, subregional, regional capacity to promote the development of the health of the indigenous peoples of the Region in an integrated and coordinated way and using the framework of the intercultural approach to health and human development.

The Health of the Indigenous Peoples of the Americas Program is part of the efforts of PAHO to achieve the Millennium Development Goals and the renewal of the Primary Health Care Strategy and will be enriched in its application by the constant inputs of the regional, subregional, national, and local experiences.

- The Western Pacific Regional Office (WPRO) is now finalizing reviews of case studies concerning the health situation of indigenous people and ethnic minorities in the Philippines and in Malaysia; a similar review for Viet Nam has already been completed. *(Health and Ethnic Minorities in Viet Nam. WHO, June 2003.)*

### 3. Millenium Development Goals and Indigenous Peoples

The World Health Organization recognizes the importance of the collection and use of disaggregated data by ethnicity for the purpose of implementing the MDGs. WHO's teams on Health Equity (ADGO/EIP) and Human Rights (ETH/SDE) are jointly developing a process for data analysis to provide means for discerning health disparities across ethnic groups. The main objective is to analyze disparities in health on the basis of ethnic/indigenous affiliation. The research will determine whether health outcomes are unequally distributed across ethnic groups; which factors linked to ethnic groups explain the unequal distribution; and which factors play an important role explaining health problems within disadvantaged ethnic groups.

Within WHO, the MDGs are being taken into account both in current work and in preparing the Organizations goals. There is already a considerable degree of alignment in the direct health goals as nations drew on the existing body of work to build the
Millennium Declaration. Since the inauguration of the MDGs, the WHO has moved itself and its priorities to better align with the specific goals and targets of the MDGs, to make itself more capable of achieving the MDGs. Three of the eight Development Goals, eight of the 18 targets and 18 of the 48 indicators are health related. The MDGs do not provide a comprehensive list of health targets (for example, they lack indicators for reproductive health, reduction in non communicable disease, and HIV treatment). However, they are an important milestone in progress towards health for all.

To contribute to the achievement of the MDG in the Americas, PAHO’s work has been directed to a number of priority areas such as Maternal and Child Health, Malaria, Tuberculosis, Reproductive Health, Water and Sanitation, Human Rights, STI - HIV-AIDS, Access to water and sanitation.

In 2004, PAHO evaluated the achievements in health of the International Decade of the World’s Indigenous Peoples as relates to the Americas. It includes updating information on demographic as well as on morbidity and mortality indicators, emphasizing the areas tackled by the Millennium Development Goals. Main conclusions were as follows:

- Although there is a generalised lack of reliable disaggregated data to allow a precise description of indigenous people’s health situation, all available data indicate the serious inequities that affect them. Table 1 presents some examples of this evidence.
- Lack of vital statistics or of service statistics disaggregated by ethnic group, gender, and age group, as well as, the lack of understanding of indigenous people’s sociocultural characteristics, hinder the generation of evidence-based managerial processes and, as a result, the establishment of priorities and the adequate evaluation of the health situation, the living conditions and the health services coverage of the indigenous population both at the national and sub national levels.
- Training of health personnel for the delivery of appropriate services considering the socio- cultural characteristics of the users, both at the level of the health authority and at sub national levels is limited.
- Although health policies address the needs of indigenous peoples in many countries of the Americas, adequate mechanisms for policy implementation still needs to be developed or enforced.
- Present epidemiological profile of indigenous populations is associated with structural factors that determine the unmet basic needs among these peoples. Therefore, multisectoral and multidisciplinary work with the full involvement of the indigenous peoples is required to improve the indigenous people’s health. Ongoing activities to achieve the Millennium Development Goals will require considering socio-cultural aspects and specific indicators to address the inequities that affect indigenous and other vulnerable populations. This requires the political commitment and the responsibility of the countries that share the Americas, international cooperation agencies, and the same indigenous organizations.
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<tr>
<th>Millennium Development Goals</th>
<th>Evidence on inequities</th>
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<tr>
<td>1. Eradicate extreme poverty and hunger</td>
<td>In Guatemala, in 1998, 91.3% of the indigenous population was poor in contrast to 55.6% for the non-indigenous population (OPS, 2002).</td>
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<td>2. Achieve universal primary education</td>
<td>The conditions of poverty also worsen with the high indices of illiteracy. In Mexico, the illiteracy rates for the indigenous population is triple the national average (Comisión de Desarrollo de los Pueblos Indígenas de México, 2004).</td>
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<td>3. Promote gender equality and empower women</td>
<td>In Guatemala, 68% of absences from school were registered as children of illiterate mothers and 72% of these absences were for indigenous children (OPS, 2002).</td>
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<td>4. Reduce child mortality</td>
<td>On average, infant mortality in the indigenous communities of Panama is 84 deaths per 1,000 live births compared with 17.2 per 1,000 live births in the country; 32 indigenous children under 5 per 10,000 die from diarrhea compared with 6.4 per 10,000 at the national level. That is more than 5 times greater in comparison with the national average (Ministerio de Salud, 2000).</td>
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<td>5. Improve maternal health</td>
<td>Something similar occurs in the departments with older indigenous population and afro-descendants in Honduras in reference to maternal mortality. In the departments of Atlántida (159x100,000 live births.), Lempira (190x100,000 live births.), Columbus (200x100,000 live births.), Copán (203x100,000 live births.), La Paz (229x100,000 live births.), and Intibucá (255x100,000 live births.), the maternal death rate is alarming and greatly surpasses the national average of 147 x 100,000 live births (PNUD, IDH, 1999, Secretaría de Salud, 1997-Soriano I., 1999).</td>
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<td>6. Combat HIV/AIDS, malaria and other diseases</td>
<td>In Mexico, the mortality from pulmonary tuberculosis among the indigenous population is two times higher that in the general population (Comisión de Desarrollo de los Pueblos Indígenas de México, 2004). In the Municipality of Chenalho, High Chiapas in Mexico, area of high proportion of indigenous population, data from 1999 indicated that among the ten leading causes of death are measles and malaria. In Suriname as in French Guiana, 70% of the cases of malaria are originated in the basin of the river Maroni, an area of settlement of indigenous peoples and African descent (Aldigheri, 2000).</td>
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<td>7. Ensure environmental sustainability</td>
<td>Diseases caused by scarcity or total lack of water, the bad conditions in which it is consumed as well as those associates to the lack of basic sanitation are among the principal causes of morbidity and mortality, particularly for indigenous children. In El Salvador, for example, 95% of the surface</td>
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<td>8. Develop a global partnership for development</td>
<td>A supranational map of the Americas would show us the multinational presence of indigenous peoples such as Mayan of Mexico, Guatemala and Belize, the Quechus of Colombia, Ecuador, Peru, Bolivia, Argentina; and the Guaranis of Bolivia, Paraguay, Argentina, and Brazil. All this leads us to state that the current borders are relative and cooperation among the countries involved is fundamental in addressing the health of these peoples.</td>
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4. **Contacts**

For further information on the work of indigenous health at WHO please contact Tanya Norton ([nortont@who.int](mailto:nortont@who.int)). Please also see the WHO website on The Health & Human Rights of Indigenous Populations at [http://www.who.int/hhr/activities/indigenous/en/](http://www.who.int/hhr/activities/indigenous/en/)

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Website on The Health of the Indigenous Peoples:
English: [http://www.paho.org/English/AD/THS/OS/Indig-home.htm](http://www.paho.org/English/AD/THS/OS/Indig-home.htm)
Spanish: [http://www.paho.org/spanish/ad/ths/os/Indig-home.htm](http://www.paho.org/spanish/ad/ths/os/Indig-home.htm)
Annex

HEALTH OF THE INDIGENOUS PEOPLES INITIATIVE
Pan American Health Organization
World Health Organization

SCIENTIFIC, TECHNICAL AND PUBLIC INFORMATION

1. Workshop '93, Winnipeg, Canada -Indigenous Peoples and Health, Background document (English/Spanish), HSP/HSO, 1993
2. Indigenous Peoples & Health, Workshop '93, Hemispheric Workshop (English/Spanish/French), HSP/HSO, 1993
3. Health of the Indigenous Peoples (English/Spanish), HSP/HSO, HSP/D #1, 1993 (*)
4. Población y Pueblos Indígenas de las Américas (Spanish) HSP/HSO, 1993
5. Taller Subregional para Mesoamérica Pueblos Indígenas y Salud (Spanish), HSP/HSO, 1994
6. Taller de desarrollo profesional planificación para la iniciativa: Guía del Participante, Guía para el Facilitador (Spanish), HSP/HSO, 1994
8. Taller Piloto Subregional Andino de Salud para los Pueblos Indígenas, Informe Ejecutivo -Santa Cruz , Bolivia (Spanish) HSP/D #3 (*)
9. Informe Ejecutivo Taller Subregional Mesoamericano Pueblos Indígenas, Quetzaltenango (Spanish), HSP/D #4, 1997 (*)
10. Incorporating a Gender Perspective in the Work with Indigenous Peoples, HSO/D #5 (English/Spanish), 1997 (*)
13. Reunión de Trabajo sobre Políticas de Salud y Pueblos Indígenas, Quito, Ecuador HSP/HSO, (Spanish), 1997 (*)
18. Situación de Salud de los Pueblos Indígenas de Bolivia HSP/HSO (Spanish), 1998
19. Salud, Cultura y Territorio: Bases para una Epidemiología Inter-Cultural , Ministerio Salud Chile (Spanish), 1998
20. Situación de Salud de los Pueblos Indígenas de Guatemala, HSP/HSO (Spanish), 1998
21. Situación de Salud de los Pueblos Indígenas de Honduras, HSP/HSO (Spanish), 1998
22. Situación de Salud de los Pueblos Indígenas de México, HSP/HSO (Spanish), 1998
23. Situación de Salud de los Pueblos Indígenas de Perú, HSP/HSO (Spanish), 1998
24. Situación de Salud de los Pueblos Indígenas de Venezuela, HSP/HSO (Spanish), 1998
26. Programa y Servicios de Salud Mental en Comunidades Indígenas, Grupo de Trabajo, Sta Cruz BOL, HSP/D #10, (Spanish), 1998 (*)
27. Salud, Cultura y Territorio: Bases para una Epidemiología Inter-Cultural , Ministerio Salud Chile (Spanish), 1998
29. Orientaciones de los Marcos Jurídicos hacia la Abogacía en Salud de los Pueblos Indígenas, HSP/D #11 (Spanish), 1999 (*)
30. Incorporación del Enfoque Intercultural de la Salud en la Formación y Desarrollo de Recursos Humanos, HSP/D #12 (Spanish), 1999 (*)
31. Traditional Health Systems in Latin America and the Caribbean: Baseline Information, HSP/D #13 (English/Spanish), 1999 (*)
34. Health of the Indigenous and Black Peoples of Honduras –Cultural Diversity and Processes of National Convergence (Span/Eng) 2001
36. Promoción de la Med. y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Ngöbe-Buglé, HSP/HSO (Spanish), 2002 (*)
37. Promoción de la Med. y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Mapuche de Pelale-CUT HSP/D #16 (Span) 2002 (*)
38. Promoción de la Med. y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Mapuche de Pelale-CUT (Spanish), 2002 (*)
39. Promoción de la Med. y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Garífunas de HON HSP/D #17 (Span) 2002 (*)
40. Promoción de la Med. y Terapias Indígenas en la Atención Primaria de Salud: El caso de los Quechua del PER HSP/D #20 (Spanish), 2002 (*)
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44. Dir. Centroamericano de ONGs y Entidades que trabajan por la Salud de los Pueblos Indígenas (Span), HSP-D #24, available 2003 (*)
46. Strategic Orientations for the Implementation of the Health of the Indigenous Peoples Initiative, HSP/D #9 (English/Spanish), 1998 (*)

Documents that have an asterisk (*) can be downloaded from our Web page: www.paho.org

(**) Available through PAHO El Salvador

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