

**INTER-AGENCY
SUPPORT GROUP
ON INDIGENOUS
PEOPLES' ISSUES**

**THEMATIC PAPER towards
the preparation of the
2014 World Conference on
Indigenous Peoples**

**THE HEALTH OF INDIGENOUS
PEOPLES**

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Thematic Paper on the Health of Indigenous Peoples

The United Nations Inter-Agency Support Group (IASG) on Indigenous Issues aims to strengthen cooperation and coordination among UN agencies, funds, entities and programmes on indigenous peoples' issues and to support the UN Permanent Forum on Indigenous Issues. It also seeks to promote the effective participation of indigenous peoples in relevant international processes.

At its annual meeting held in October 2013, the IASG decided to develop a set of collaborative thematic papers to serve as background information and analysis on key issues to contribute to the process and preparations for the World Conference on Indigenous Peoples.

The preparation of each paper was led by one or more agencies with inputs from other IASG members. The papers do not present or represent formal, official UN policy positions. Rather, they reflect the collective efforts of the Inter-Agency Support Group to highlight selected key issues and to provide substantive materials to inform the Conference, with a view to contributing to the realization of the rights of indigenous peoples.

**The chair of the IASG rotates annually amongst the participating agencies. The Support Group has been chaired by the United Nations Children's Fund (UNICEF) until the end of the 13th session of the Permanent Forum on Indigenous Issues in May 2014. The Office of the High Commissioner for Human Rights (OHCHR) is currently holding the chair of the Group. The Secretariat of the Permanent Forum on Indigenous Issues acts as co-chair of the Support Group.*

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Key messages

- ❖ Globally, indigenous peoples suffer from poorer health, are more likely to experience disability, and reduced quality of life and ultimately die younger than their non-indigenous counterparts.
- ❖ Indigenous women experience health problems with particular severity, as they are disproportionately affected by natural disasters and armed conflicts, and are often denied access to education, land property, and other economic resources.
- ❖ Differences in infant mortality between indigenous and non-indigenous populations reflect the structural inequalities of these groups on an international level. Many of the most widespread causes of mortality among indigenous children are preventable, such as malnutrition, diarrhea, parasitic infections, and tuberculosis.
- ❖ Indigenous youth and adolescents face particular challenges in the realization of their right to health that are often not adequately addressed, including sexual and reproductive health and rights, and mental health.
- ❖ Statistical and health data collection is a key challenge in addressing Indigenous health disparities across the world and within regions.

Background

The United Nations has estimated that there are approximately 370 million indigenous peoples in the world, living across all regions in at least 70 countries.¹ There is an enormous diversity of languages and cultures amongst indigenous peoples. However, an unfortunate commonality across much of the world's indigenous peoples is persisting inequities in health status in comparison to non-indigenous populations. Gaps are not only in health status, but also in many determinants of health. Data indicates that circumstances of extreme poverty are significantly more prevalent among indigenous peoples than non-indigenous groups, and are rooted in other factors, such as a lack of access to education and social services, destruction of indigenous economies and socio-political structures, forced displacement, armed conflict, and the loss and degradation of their customary lands and resources. These forces are determined and compounded by structural racism and discrimination, and make indigenous women and children particularly vulnerable to poor health. Because of these phenomena, indigenous peoples experience high levels of maternal and infant mortality, malnutrition, cardiovascular illnesses, HIV/AIDS and other infectious diseases such as malaria and tuberculosis.

These health inequities are of grave concern from a public health perspective, but also from a human rights perspective. All peoples have the right to the highest attainable standard of physical and mental health, and states have the responsibility to promote, protect, and fulfil all human rights. In addition to being recognized in many international conventions, the right to health for indigenous peoples is further stipulated in the UN Declaration on the Rights of Indigenous Peoples, which also recognizes their right to traditional medicines and the maintenance of their traditional health practices.² WHO Regional Office for the Americas (PAHO/WHO)ⁱ promotes the rights of indigenous peoples in line with the UN Declaration on the Rights of Indigenous Peoples. There is a need to increase indigenous participation in the planning and delivery of health services because “[t]here is a strong correlation between the health of individuals and communities and the exercise or denial of the right of self-determination”ⁱⁱⁱ.

¹ UN Permanent Forum on Indigenous Issues, 2009.

² United Nations Declaration on Rights of Indigenous Peoples, especially Articles 23 and 24. Found online at: http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Analysis

The situation described above regarding indigenous peoples has at least three direct implications for public health: (1) a pervasive violation of the human rights of indigenous peoples in the countries where they are found, including the rights to self-determination, to non-discrimination, to health, to life, to education, to food, to culture, to land, and to water, among others; (2) widespread structural inequalities impact multiple rights and social determinants of health, creating vulnerability and differing levels of risk exposure in indigenous communities; and (3) health programs have not had the hoped-for effect in these groups, resulting in the challenge to understand the local socio-cultural contexts in which heightened mortality and morbidity occur, and with the aim of designing programs and interventions with the full participation of the populations concerned that are culturally sensitive and epidemiologically effective.ⁱⁱⁱ Indigenous peoples' health is an issue of concern in all countries, independently of their income. For example, in the Western Pacific Region, Australia and New Zealand are struggling to close substantial gaps between indigenous and non-indigenous populations in life expectancy and access to health care.

A comprehensive discussion of health inequities experienced by indigenous peoples around the world is beyond the scope of this paper. However, discussed herein are (1) some selected issues regarding the health and well-being of indigenous peoples around the world, with a particular emphasis on Latin America, (2) ongoing challenges for building health care systems for indigenous peoples and (3) key messages for further action to enhance the health of indigenous peoples. The issues discussed here are areas in which PAHO/WHO and other WHO Regional Offices are conducting relevant work.

1. Selected Health-Related Issues

1.1 Women's Health: sexual and reproductive health (SRH), maternal health and other health issues indigenous women face

Data from demographic and health surveys have highlighted the detrimental situation and failure to respect the right to health and to life for indigenous women and youth. There are gaps in equity in comparison with non-indigenous peoples in terms of access to family planning services, delivery care for pregnant indigenous women as well as immunization coverage and the prevalence of illnesses associated with higher mortality rates for their children.^{iv}

In addition, as the incidence of other public health issues (such as alcohol and substance abuse, depression, and suicide) increases, urgent and concerted efforts are needed to improve the health of indigenous peoples. The growing problem of alcohol consumption in Latin American countries, especially among women and young people, is recognized and specifically addressed by PAHO/WHO in the Plan of Action to Reduce the Harmful Use of Alcohol (2011). In terms of information, it is essential to improve record systems for maternal-infant health in general, and maternal mortality in particular, by incorporating an ethnic focus in all data sources and during all stages of information gathering. It is also essential to reinterpret standard

indicators through the right to cultural wholeness, ensuring the full participation of indigenous communities and peoples in these processes.^{v vi}

Indigenous populations are growing rapidly in many countries, and there is a higher child to adult dependency ration compared to non-indigenous populations.^{vii}

Sexual health is of especially great relevance to indigenous youth and adolescents. The United Nations Population Fund (UNFPA) notes, "A special mention needs to be made with respect to indigenous adolescents, given the higher proportion of adolescent maternity that reveals ethnic-related unequal access to reproductive rights."^{viii} In Latin America, the proportion of young mothers in the indigenous population is higher than that of the non-indigenous population. The countries in this region with the greatest disparity between indigenous and non-indigenous adolescent mothers are Brazil (27 percent versus 12 percent), Costa Rica (30 percent versus 12 percent), Panama (37 percent versus 15 percent), and Paraguay (45 percent versus 11 percent), respectively.^{ix} This evidences the unequal access to the right to sexual and reproductive health due to a variety of structural causes: that statistically girls have less education than boys, a great number live in rural areas with restricted access to health care, and the lack of culturally appropriate health services, which make it difficult for these young people to access family planning services.^x

The rate of pregnancies for adolescent women in indigenous communities is inextricably linked to social norms and attitudes regarding sexual protection and family planning. Thus, precautions against sexually transmitted infections and HIV/AIDS are often forgone, resulting in high rates of sexually transmitted infections amongst indigenous youth. In Latin America, rates of HIV infection among women have risen from 4 percent in 1990 to 30 percent in 2007; in countries like Haiti, Guyana, and Dominican Republic, the rate of infection among adolescent women is estimated to be at 50 percent.^{xi}

1.2 Infant and Child Mortality among Indigenous Peoples

Despite the significant decline in infant mortality rates in many regions, studies show systematic heightened mortality for indigenous children in comparison to the rest of the population. For example, in Latin America, infant mortality among indigenous children is 60 percent greater than for non-indigenous children (48 per one thousand births compared to 30 per one thousand, respectively), ranging from 1.11 times higher in Chile to 3.09 times higher than the general population in Panama.^{xii} Specific studies have documented that children from the Campa Ashaninka and Machiguenda in Peru, the Wayu of Venezuela, the Tzotzil of Mexico, and the Xavante in Brazil have a higher risk of death before reaching one year of age than non-indigenous children.^{xiii xiv}

The probability of death of indigenous children varies according to where they reside, often even according to their village. Generally, the lowest risk is among children who live in cities. Nevertheless, in certain countries the gap between indigenous and non-indigenous is most noticeable in urban areas.^{xv} In PAHO/WHO's 2007 Health in the Americas report, it was stated that in Bolivia, Ecuador, Guatemala, Mexico and Panama, which have collected information on ethnic group and mother's area of residence infant mortality rates are consistently higher among rural indigenous populations than among their non-indigenous rural peers as well as among urban indigenous populations.^{xvi}

1.3 Mental health

In many countries in the world, indigenous youth and adolescents have poorer mental health outcomes, and higher rates of disability due to injuries and accidents than their non-indigenous counterparts. These inequalities and social disparities are interrelated and have negative implications with regard to the enjoyment of the right to health (access to health services, goods and facilities, including traditional medicine, clean water, sanitation, and sufficient number of trained health workers in indigenous communities), and other related human rights such as the right to physical and mental integrity, to security of person, to education in their own language, and to benefit from scientific progress on equal basis regarding other populations, among others.

With regard to depression amongst indigenous young people, the information is insufficient and more research is necessary; however the data that is available in the region of the Americas shows that the prevalence of depression is higher amongst indigenous communities than non-indigenous communities. Experiences of colonization, racism, cultural and ethnic marginalization, tension between traditional and western values, and limited access to resources and information put indigenous young people at a greater risk of depression and in some cases suicide.

PAHO/WHO created an Adolescent and Youth Regional Strategy and Plan of Action to enhance the health and well-being of adolescents, which, in turn, “strengthens national capacity to build social capital and secure healthy populations during their most economically productive years and later on in life.”^{xvii} The Plan of Action calls for inter-agency data sharing regarding indigenous youth and adolescents, gathering information on indigenous adolescents by developing quality surveys, and creating or enhancing leadership programs, especially among indigenous youth.^{xviii}

The complex health situation of indigenous peoples in Latin America and the Caribbean is largely a product of social exclusion, discrimination, poverty, and poor access to health services. These factors lead to high psychosocial vulnerability, and limited access to mental health services, especially in rural areas.

Although there is limited epidemiological data regarding the mental health of these populations, several countries and aboriginal groups are concerned about the lack of answer to their needs, reflected in terms of high rates of alcohol consumption and high rates of suicide, among other key problems.

The PAHO/WHO Regional Strategy and Plan of Action on Mental Health (2009) expresses the need to support countries, and vulnerable and special-needs groups, with special mention to indigenous populations. In recent years, two projects were implemented by PAHO/WHO involving indigenous communities in selected countries of Latin America and Canada. The aim of those projects has been to promote the exchange among representatives of these communities, in order to identify common areas of interest; to learn how mental health problems are identified in the socio-cultural context of those groups; and to identify best practices that take into account respective socio-cultural considerations that may render a western mental health perspective less effective. The involved communities have shown interest in the continuation of the projects.

1.4 Communicable Diseases: Tuberculosis and Malaria

In 2011, there were 8.7 million reported cases of tuberculosis worldwide; that same year, 1.1 million deaths occurred as a result of the disease.^{xxix} Due to poverty and associated issues, tuberculosis continues to disproportionately affect indigenous peoples around the globe. For instance, the Guaraní, Bolivia's third-largest indigenous group, "contract tuberculosis at a rate that is five to eight times the national average,"^{xxx} the Aboriginal population in Canada is about 4.3% of the total Canadian population, but accounts for about 19% of estimated TB disease burden;^{xxxi} and the Kalaallit Nunaat in Greenland are 45 times more likely to get active TB than the Danish population.^{xxxii} Whilst programs have been designed to combat tuberculosis, it often does not reach indigenous peoples because of issues related to poverty, poor housing, lack of access to medical care and drugs, cultural barriers, language differences, and geographic remoteness.

The WHO Governing Bodies are currently considering a new global strategy and targets for tuberculosis prevention care and control after 2015. A key pillar of the draft strategy is the strengthening and expansion of the core functions of TB programs, with a particular emphasis on outreach services to underserved and vulnerable populations in consultation with communities and civil society.^{xxxiii}

Like many other communicable diseases, malaria affects indigenous peoples disproportionately, but the degree of concentration is more extreme than for any other health problems in Southeast Asia, the eastern part of the Indian subcontinent, and the Amazon Region of South America. This is because malaria vectors there are closely associated with forests, and the majority of indigenous peoples in those regions inhabit forested areas; traditionally living from swidden agriculture requiring frequent movement from place to place and use of makeshift shelters, which further increases exposure. Conditions are getting worse because of increasing population density and encroachment on traditional lands by non-indigenous peoples, and corporate economic activities.

Over the last 20 years, the malaria situation among indigenous peoples has improved in most of these areas for a number of reasons. Deforestation, while having many negative effects, is associated with less exposure to malaria, although this is seen more in tropical Asia than in South America.^{xxxiv} Insecticide-treated bed nets have been introduced on a large scale and have been well accepted and shown to reduce risk.^{xxxv} Village volunteers have been trained and equipped with rapid tests for malaria and effective antimalarial medicines.^{xxxvi} However, these advances are partial, and are fragile, because they depend on international financing; furthermore, emerging artemisinin resistance compromises current antimalarial treatments in Southeast Asia.^{xxxvii}

1.5 Nutrition

Poor nutrition is one of the health issues that most affects indigenous peoples around the world. The rates of malnutrition for indigenous children in Latin America are double that of the general population of the region.^{xxxviii} In addition to circumstances of extreme poverty, indigenous peoples suffer from malnutrition because of environmental degradation and contamination of the ecosystems in which indigenous communities have traditionally lived, loss of land and territory, and a decline in abundance or accessibility of traditional food sources. These changes in

traditional diet, combined with other changes in lifestyle, have resulted in widespread malnutrition among indigenous peoples. This malnutrition, however, manifests itself differently depending on the local circumstances. While in some parts of the world malnutrition affects maternal and infant health and child development, in other regions it contributes to an increasing prevalence of non-communicable diseases such as obesity, diabetes, and cardiovascular disease among indigenous peoples.³

The Political Declaration on the Prevention and Control of Non-communicable Diseases, adopted at the UN General Assembly in 2011, explicitly calls upon all countries to “recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors” and urges the involvement of indigenous peoples in the development and implementation of prevention and control policies.⁴

1.6 Disasters

Disasters affect populations differently, depending on many factors such as unsustainable development practices, environmental degradation, poverty, and climate variability and extremes. These factors have led to an increase in risk and disaster impact particularly for the health of indigenous peoples.

There is a critical need for reliable and comprehensive information that analyzes the impact of hazardous events on indigenous populations and ethnic communities. This will provide a better understanding of these groups’ perceptions and needs in order to strengthen their capacity to reduce the risk and better prepare them to respond to disasters.⁵

PAHO/WHO is exploring ways to protect the health of indigenous populations from the impact of disasters, while at the same time seeking to mainstream their traditional knowledge of how to deal with natural and human-made hazards into national disaster-management policies. This involves their participation in the design, implementation, monitoring and evaluation of disaster risk reduction and response plans, vulnerability maps, and even legislation, which is typically prepared at the national level.⁶

³ Ibid, p. 163

⁴ Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), p.9. Found online at: <http://www.ncdalliance.org/sites/default/files/rfiles/UN%20HLM%20Political%20Declaration%20English.pdf>

⁵ Shaw, Sharma and Takeuchi (Eds.), *Indigenous Knowledge and Disaster Risk Reduction: From Practice to Policy*. Nova Publishers: Kyoto, Japan, 2009.

⁶ PAHO/WHO, *Guidelines for Developing Emergency Simulations and Drills*. Washington, DC, 2011, p. 2.

2. Ongoing Challenges to Health Care Systems

2.1 Lack of Disaggregated Data and of Culturally Relevant Indicators

Collection of health-related data is a key challenge in addressing indigenous health disparities. There is considerable variation in how indigenous peoples are identified, classified and enumerated in data sources.^{xxix} Not all countries consistently collect differentiated information on indigenous peoples, and existing data is often incomplete and of poor quality. This lack of or poor quality of data undermines the generation of sound evidence-based policies to effectively address health inequities faced by indigenous peoples. For instance, in several countries in Asia, a related issue of concern is the lack of birth registration or citizenship documentation afforded to indigenous individuals, for varying reasons, which limits many indigenous peoples' access to basic public services, including for health and education. This situation also reportedly contributes to an increased vulnerability of women and children to trafficking. It is also critical that indigenous peoples have full and effective participation, and take leadership roles in the collection, processing, reporting, and use of information that guides decision-making in health policies and programs.^{xxx}

One ongoing initiative is the International Group on Indigenous Health Measurement (IGIHM), which was established in 2004, to improve the quality of collection and uses of health data and to share it among countries that experience similar issues – namely Australia, Canada, New Zealand, and the United States. The work of the IGIHM, in collaboration with partners including WHO, has highlighted the dearth of adequate Indigenous health data in several countries, and this continues to be the case for many regions and countries across the globe.

2.2 Traditional Health Systems

Traditional health systems in indigenous communities are complex, and are shaped by indigenous peoples' historical experiences and worldviews. PAHO/WHO has defined traditional medicine and indigenous health systems to "include the entire body of ideas, concepts, beliefs, myths, procedures and rituals (whether explainable or not) connected with the maintenance of health or health restoration through the treatment of physical and mental illness or social imbalances in a particular individual, community or people."^{xxxi} Indigenous traditional health systems involve health promotion, prevention of illness, treatment and rehabilitation, but differ from most western health systems in their integral and holistic approach.^{xxxii}

In 2006, WHO estimated that 80 percent of the population in developing countries relies on traditional healing systems as their primary source of care.^{xxxiii} That said, many indigenous families address illness with a combination of both traditional and western approaches and practices, therefore it is critical that these systems achieve complementarity, so that indigenous peoples have physical and geographical, and financial access to culturally appropriate and quality health care.^{xxxiv} Creating alliances with traditional healers and incorporating their skills into national health care systems can help to combat both a lack of access and the distrust of indigenous peoples in the health care system.^{xxxv} PAHO/WHO resolution CD47.R18 urges its

member states to embrace traditional indigenous health systems by including indigenous peoples at all stages of health care development and implementation, seeking a broader, more inclusive approach to health care. In regards to traditional health care systems, the resolution calls on nations to “ensure the incorporation of indigenous peoples’ perspectives into the attainment of the Millennium Development Goals and national health policies; develop, together with PAHO/WHO, strategic alliances with indigenous peoples and other stakeholders to further advance the health of the indigenous peoples; promote the training, education and leadership development of indigenous healers, and their incorporation in the health system formally, where appropriate; promote the incorporation of the intercultural approach in the curricula of all training and degree programs in areas of health and related fields and its implementation in all health institutions.”^{xxxvi} However, despite recognition of this issue, significant challenges remain to ensure that traditional health systems are supported and respected, and that western health systems are able to provide culturally relevant health care and services to indigenous peoples.

2.3 Barriers to Accessing Health Services

Indigenous peoples’ lack of access to adequate health care manifests itself in a variety of ways, and a human rights-based framework helps to identify barriers to access.

Accessibility is a key component of the right to health, and this is understood as including physical and geographic accessibility; economic accessibility (affordability); information accessibility; and non-discrimination in accessing services. In many countries, there are still significant direct and indirect costs (i.e. transportation, food, accommodation, family care, medication, and loss of workdays) for health services that prevent or postpone low-income populations from seeking health care, or that can lead to unacceptable financial hardship. When affordable health services do exist in indigenous communities, they are often of lower quality than the services that are available to the non-indigenous population and, as described in the preceding section, are not always culturally acceptable. In addition, expressions of racism and other forms of discrimination are widespread, creating an even greater barrier to indigenous peoples’ access to health services, even when full access to quality health care based on western medicine is possible. Racism and discrimination in the healthcare system perpetuate distrust with health care providers and have a negative impact on health outcomes. Indigenous peoples also often face geographical barriers given that many communities are located in rural, remote, and seasonally isolated areas. Lack of access to health services for indigenous peoples is a widespread problem in the Americas for many reasons, which include geographical barriers, discrimination, stigma, lack of social and cultural adaptation to indigenous health needs, and a lack of integration of traditional medicine.^{xxxvii}

Of all the barriers faced by indigenous peoples, it is perhaps the cultural barriers that present the most complicated challenge because there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of the indigenous peoples. The bias towards western medicine and intervention can be offensive or inappropriate for practitioners of traditional medicine. Finding health staff that speak and understand indigenous languages is difficult, and poor communication between providers and clients, at all levels, compromises access to quality care. Moreover, indigenous peoples are often discriminated against in health centers by non-indigenous staff and both fear and distrust caused by the attitudes and behaviors of health care workers prevent indigenous people from seeking the health care they need.^{xxxviii}

Conclusion

As part of its Health of Indigenous Peoples Initiative, PAHO/WHO uses a “socio-cultural analysis approach to harmonize indigenous health systems with state health systems based on allopathic medicine.”^{ix} This approach seeks to encourage recognition, respect and an understanding of the social and cultural differences between peoples, their knowledge and their resources to improve health strategies by incorporating their perspectives, medicines, and therapies into the national health systems. This process requires the application of a legal framework that facilitates social participation, indigenous practices, and the protection and conservation of indigenous knowledge and resources. It similarly requires the generation of knowledge and paradigms that expand conceptual frameworks and facilitate an understanding of indigenous knowledge, and its incorporation into the training and development of human resources.

There is an urgent need to develop comprehensive and relevant health strategies that enjoy the full participation of indigenous peoples. At the same time, an international priority is to reposition health from a structural social determinants perspective, promoting the collective human rights of these peoples, eliminating discrimination, and redistributing political and economic power toward a more diverse and equitable world.^{xi}

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
IGIHM	International Group on Indigenous Health Measurement
PAHO	Pan American Health Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

ⁱ PAHO/WHO Resolutions CD50.R8, Health and Human Rights and PAHO/WHO CD47.R18, Health of Indigenous Peoples

ⁱⁱ DESA, *State of the World's Indigenous Peoples*. United Nations: New York, 2009, p.210

ⁱⁱⁱ Nichter, *Global Health: Why Cultural Perceptions, Social Representations, and Biopolitics Matter*. Arizona Press, 2008.

^{iv} CEPAL, PAHO/WHO, UNFPA, *Salud materno infantil de pueblos indígenas y afrodescendientes de America Latina: aportes para una relectura desde el derecho a la integridad cultural*. United Nations: New York, 2010, p. 10.

^v DESA, *State of the World's Indigenous Peoples*. United Nations: New York, 2009, pp. 210 – 211.

^{vi} PAHO/WHO, CD47.R18. 2006. Found online at: <http://www2.PAHO/WHO.org/hq/dmdocuments/2009/CD47.r18-e.pdf>

^{vii} World Health Report (2010), Background Paper 33: Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States – Laying claim to a future that embraces health for us all. Found online at <http://www.who.int/healthsystems/topics/financing/healthreport/IHNo33.pdf>

^{viii} UNFPA, *Socio-Cultural Factors that Affect Reproductive Health in Latin America: Emerging Opportunities, Challenges and Learning on Context, Concept and Practice*. United Nations: Bolivia, 2010, p. 70.

^{ix} CEPAL/UNFPA, *Avances y acciones clave para la implementación del Programa de Acción de El Cairo, a 15 años de su aprobación*. Santiago, 2009. Found online at: <http://www.cepal.org/publicaciones/xml/5/37385/DDR4.pdf>

^x Ibid.

^{xi} PAHO/WHO, 2011. Found online at:

<http://work.PAHO/WHO.org/gdr/layouts/PowerPoint.aspx?PowerPointView=ReadingView&PresentationId=/gdr/Documents/HIV-GDR%20Sept%202011.ppt&DefaultItemOpen=1>

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