

PFII/2005/WS.TK/3

Original: English

**UNITED NATIONS**



**NATIONS UNIES**

DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS  
Division for Social Policy and Development  
Secretariat of the Permanent Forum on Indigenous Issues

**INTERNATIONAL WORKSHOP ON TRADITIONAL KNOWLEDGE**

Panama City, 21-23 September 2005

**Regional Health Program of the Indigenous Peoples of the Americas**

Contribution by the Pan American Health Organisation

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# Regional Health Program of the Indigenous Peoples of the Americas

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Primary health care and intercultural approach:  
Indigenous traditional knowledge

*Document to be presented in the Workshop on Traditional Knowledge  
Panama - September 21 -23, 2005*

*Technology and Health Services Delivery*

*Health Services Organization*

*Regional Health Program of the Indigenous Peoples of the Americas*

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# 1. Introduction

Within the framework of the efforts that the countries and peoples of the Americas develop in order to achieve equity, 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 Countries are based on the principles of the **Regional Health Program of the Indigenous Peoples of the Americas**, which demand the permanent involvement of the indigenous peoples themselves and the recognition and respect of their ancestral wisdom.

The Program considers the strengths of the countries and peoples of the Americas; thus, it takes into account approaches and methodologies that combine both the institutional and community vision. The **goal** is to contribute to the achievement of equity in the Americas in the context of recognition and respect of cultural diversity; the **purpose** is to strengthen the local, national, subregional, and regional capacity to promote health improvement of the Region's indigenous peoples in a way that integrates the framework of the intercultural approach and human development. The full involvement of all social actors is required to adhere to the Program's multisectoral and multidisciplinary approach, which takes into consideration health as a human right and the gender and generational approach.

The Health of the Indigenous Peoples of the Americas Program is inserted in the efforts of the Pan American Health Organization in compliance with 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.

In order to facilitate the organization of the Program within PAHO and in the Member Countries the following four interrelated **lines of action** have been identified:

- Incorporation of the indigenous perspective into the MDGs and health policies
- Primary Health Care and Intercultural approach to health
- Strategic alliances, strengthening of the countries technical capacity and indigenous leadership
- Information and knowledge management

The line of action called Primary Health Care and Intercultural Approach to Health includes the development of methodologies and tools that facilitate the incorporation of indigenous perspectives, medicines, and therapies into the national health systems, particularly in primary health care. The developments in this area will be presented in the next section.

It is expected that the synergy of the proposed results in each line of work will determine the institutionalization of the development of the health of the indigenous peoples, the strengthening of the indigenous leadership, and the establishment of iterative processes of follow-up, monitoring, evaluation, and feedback of the actions in health within the intercultural approach in the countries of the Region.

## 2. Primary health care and intercultural approach

### Indigenous traditional knowledge

The activities of this line of action are directed toward better comprehending the barriers that impede access to quality health care on the part of the indigenous population. More specifically, they are aimed at the development of models of care that incorporate the indigenous perspectives, practices, and therapies into the national health systems, taking into account the principles of the Primary Health Care Strategy, the priority problems, the specific contexts of these peoples and the improvement of access and quality of health care. In addition, the actions take into account the geographical location of the indigenous peoples—urban, rural, border—and the epidemiological profile, the risk factors and protective factors in the development of curative strategies, prevention of the diseases, and rehabilitation and health promotion.

### Progress

The processes of implementation of this line of action have contributed to the discussion of the cultural diversity in the continent, as a strategy for solution to the miscellaneous problems that affect the different indigenous peoples of the Region. The intercultural approach is understood as dialog and joint action, at every level, not only within and among the indigenous peoples but within and among the different peoples and cultures that dwell in a country or region. This discussion departs from the need expressed by the countries to include the multicultural, multilingual and multi-ethnic reality of

the national population and to analyze the factors that affect both the health and living conditions of the indigenous peoples.

Part of the challenge in this area has been to find a better articulation between the indigenous health system with its multiple health agents and practices and the official system offered by governments. It is likely that a majority of the 45 million indigenous peoples in the Region have no real access to basic primary health care offered through government-sponsored programs. Where there is physical access there are often financial, geographic, or cultural barriers to the use of the services. These communities depend upon traditional and spiritual healers to promote health, prevent illness, and provide treatment for common conditions; they are often the only provider available on a continuing basis. This became evident in 6 case studies on the incorporation of the indigenous practices, therapies, and medicines in primary health care in 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 indigenous practices, therapies, and medicines in primary health care.

There have been several intercountry projects where traditional healers learn from each other. Some countries have established NGOs of traditional healers to address needs for quality improvement and national recognition. Legislation is an aspect of growing concern as practitioners find it more difficult to practice or to continue to have access to the products they use for healing as well as to preserve and benefit from their collective intellectual property rights. In some cases the objective is to restore knowledge which has been lost because of a devaluing of the use of traditional practices in the past and the lack of interest by young indigenous persons in becoming a traditional healer. In this regard, countries such as Ecuador, Panama, and Nicaragua have proposed legislative frameworks on indigenous traditional medicine and the subject is considered within the

action plans on health of the indigenous peoples in the Ministries of Health in countries such as Bolivia, Brazil, Guatemala, Mexico, Honduras, etc.

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 instance, in Bolivia, Brazil, Ecuador, Guatemala, Honduras and Nicaragua. Several seminars and technical meetings have responded to the priority expressed by the countries to develop 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 terms of the development and adaptation of methodology and instruments to incorporate the intercultural approach to health, there are ongoing efforts in programs addressing different issues such as malaria, tuberculosis, children's health, maternal health, women's health, water and sanitation, HIV/AIDS, among others.

### Challenges

Despite the progress and documented results, there exist challenges that should be addressed:

- Although other barriers present obstacles for improving health and wellness, cultural barriers present the most complicated challenge. Indigenous people are often discriminated against in health centers by non-indigenous staff, and the issues of stigma and racial prejudice are complex and formidable. Both fear and distrust caused by the attitudes and behaviors of healthcare workers prevent indigenous people from seeking the healthcare they need. Moreover, the bias towards Western medicine and intervention can be offensive or inappropriate for practitioners of traditional medicine. Healthcare workers are not educated in culturally appropriate interventions or communication and

are largely ignorant of indigenous attitudes, practices, and behaviors. Many providers and managers do not value or respect the traditions and knowledge of indigenous people, and traditional healthcare interventions are often considered ineffective or, more damagingly, peculiar. Overall, services are not tailored to the community which they serve, and indigenous people are often dissuaded by the care and treatment they receive at conventional services.

- The ethnic and cultural heterogeneity of the indigenous peoples of the Americas demands innovative and creative approaches to health interventions for men, women, children, youth, and elderly of these vulnerable groups. Although there is paucity of data on the specific health status of indigenous people, it is clear that health sector reforms have not responded sufficiently to inequalities, with indigenous peoples suffering the brunt of this inequality across both regional and national boundaries.

### Commitments

Considering these challenges and addressing the protection and promotion of the indigenous knowledge within the four lines of the Regional Health Program of Indigenous Peoples of the Americas, PAHO's approach will:

- Apply a holistic, integrated, and multicultural approach through intra-sectoral and multi-sectoral collaboration.
- Strengthen indigenous leadership and institutionalize social participation while promoting the right to health equity including gender and intergenerational issues.
- Build capacity in both the traditional and conventional health systems through technical, managerial, and cultural awareness training across all levels.
- Facilitate data utilization for effective planning, monitoring and evaluation by gathering baseline statistics and institutionalizing consistent data collection with ethnic variables.