



Intercultural health policies have been implemented at the regional and state level, making important initial advances in recognising a health model that is pertinent to indigenous peoples' culture and customs.

INTERCULTURAL HEALTH POLICIES IN LATIN AMERICA

SUMMARY

Historically, indigenous peoples' access to health services in Latin America has been limited due to a variety of social, economic and cultural factors. The misunderstanding of indigenous peoples' world view and their definition of health makes it more difficult to design and implement public policies that reflect their real needs. This Brief presents the progress at the regional and country level, discusses advances in the design and implementation of intercultural health policies in areas with indigenous communities. These policies have sought to counteract the constant tension between cultural diversity and western traditional medicine. The Brief describes some regional trends in terms of how states, social movements and civil society organisations are making efforts to incorporate intercultural health policies, and highlights two particularly interesting cases of how the policies are working in practice, one from Ecuador and one from Mexico. It concludes by outlining some of the challenges that have been encountered and lessons learned, all of which may prove useful for countries in other regions with significant indigenous populations.



WHY THE NEED FOR INTERCULTURAL HEALTH POLICIES?

The implementation of public health policies with an intercultural approach is a long advocacy process that is still ongoing. To date, indigenous peoples still face inequality in access to health services for various reasons: the necessary public funds are not allocated; an inadequate infrastructure for providing health care to indigenous people; an intercultural approach is not implemented and medical staff are not trained in traditional indigenous medicine; and staff do not speak indigenous languages, so there is often not a close relationship of trust between health providers and indigenous people.

An intercultural approach to public policies, especially when promoting the inclusion and participation of indigenous people in their design, is seen as a way to guarantee indigenous peoples' right to health according to their own customs and traditions. It can also successfully put indigenous rights issues on governments' public agenda.

Incorporating an intercultural approach requires first considering the causes that limit indigenous peoples' access to health, such as challenges related to land, territory, housing and poverty.¹ It is important that indigenous peoples participate in the

¹ Instituto Interamericano de Derechos Humanos. 2006. *Campaña Educativa Sobre Derechos Humanos y Derechos Indígenas. Salud Indígena y Derechos Humanos: Manual de Contenidos (Educational Campaign on Human and Indigenous Rights, Indigenous Health and Human Rights: Handbook of Contents)*. Instituto Interamericano de Derechos Humanos, San José.



formulation of these policies so that in every moment their needs are taken into account and the policies are not being formulated unilaterally. It is also important to bear in mind that the right to health has an interdependent relationship with other rights, such as cultural rights, and the right to development, livelihoods and food.

This Brief describes the progress made to date in the implementation of intercultural health policies in Latin America², in an effort to offer valuable lessons to other regions of the world that - like Latin America - have a high percentage of indigenous populations.

To produce this Brief, different types of sources were reviewed, including the existing academic and grey literature, websites of civil society organisations (CSOs) that work on intercultural policies and advocacy, and guides and handbooks with a practical focus on how intercultural policies have been designed and implemented. Likewise, the information of international organisations, and the agreements that regulate the right to health were analysed to understand the legal aspects of the issue and progress achieved to date.

INTERNATIONAL STANDARDS PROTECTING THE RIGHT TO INTERCULTURAL HEALTH

The increasing visibility of the need for intercultural health policies has led to the creation of international standards that regulate and acknowledge the right to an optimal level of health and the right of indigenous peoples to their own language and world view. International legal instruments do not specifically regulate the right to intercultural health; however, a progressive interpretation of them has enabled various actors, such as social organisations, national courts, litigants, and communities, to defend and fight for the right of indigenous peoples to intercultural health. In particular, three agreements and statements have been key:

- [International Labour Organization's Convention 169](#)
- [International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#)
- [UN's General Comment N° 14](#)³

Overall, these international covenants regulate the enjoyment of a high level of physical and mental health allowing a life with dignity. These covenants also forbid any form of discrimination based on race, colour, language, religion, national or social origin, or any other social condition. All the states party to the abovementioned covenants should respect and realise the right to health, to respect for indigenous languages, and to non-discrimination. This, in practice, means that states party are mandated to create intercultural public policies that respect indigenous peoples' language, customs and world view, and to practice the principle of non-discrimination. Growing out of this legal framework, the Latin America region has begun to take concrete steps to regulate and implement intercultural public policies.

INTERCULTURAL HEALTH POLICY IN THE REGION

Latin America's Indigenous Health Challenges

Latin America is home both to large numbers of indigenous people, as well as a diversity of indigenous groups. There are between 30 and 50 million indigenous people in the region, with Bolivia, Guatemala, Mexico and Peru having the most significant populations.⁴

Development outcomes are disproportionately worse in the region's indigenous communities. In Mexico, for example, in 2002, extreme poverty was 4.5 times higher in predominantly indigenous municipalities than in non-indigenous municipalities; in Peru, of all households in poverty, 43% are indigenous.⁵

In these countries, health care coverage is low and covers less than 50% of the population; in Mexico, for example, 6% of the country's children are underweight, but this figure increases to 20% among indigenous children.⁶ In terms of maternal health, in Bolivia, only 30% of indigenous women give birth in a hospital, while the number rises to 55% for non-indigenous women.⁷ Maternal mortality rates are also higher in indigenous and afro-descendant communities, given their more limited access to health care services.⁸

² While the ELLA initiative has not developed a full set of knowledge materials relating to health, readers focusing on health issues might be interested in the [ELLA Brief: Citizen Participation in Evaluating Health Services: The Latin American Experience](#) and the [ELLA Spotlight on Publications: Methodologies of Latin American Report Cards on Health](#).

³ The general comments are the outcome of a Committee within the Economic, Social, and Cultural Rights for the implementation of the International Covenant on Economic, Social and Cultural Rights

⁴ UNFPA. 2010. *Promoting Equality, Recognizing Diversity: Case Stories in Intercultural Sexual and Reproductive Health Among Indigenous People*. UNFPA, Panama City.

⁵ Hall, G., Patrinos, H. (eds). 2006. *Indigenous Peoples, Poverty and Human Development in Latin America, 1994-2004*. Palgrave Macmillan, New York.

⁶ Ibid.

⁷ Ibid.



The poverty gap between indigenous peoples compared to the non-indigenous population is huge, which in turn makes it more difficult for them to access health care, with a disproportionate impact on women and children. For this reason, indigenous peoples have had to put pressure on states to make advances in recognising their rights. In light of this, relevant progress has been made at the regional and national level to realise the right to intercultural health.

Progress at the Regional Level

Challenges in indigenous peoples' access to health services have pushed regional organisations to take action in addressing the issue. The [Pan American Health Organization](#) (PAHO)⁹, for example, has developed guidelines for the execution of health policies with an intercultural approach. The PAHO has stressed that cultural diversity should be acknowledged and the intercultural health approach should be institutionalised through reforms to the health sector. The PAHO has also drawn conclusions such as [Resolution V](#) which mentions that states should "strengthen and establish the participation of indigenous peoples in the formulation of health policies which, in turn, promotes transformations in these health systems and support the development of alternative health care models". This leads to acknowledging that indigenous peoples require a health model pertinent to their culture and customs. These regional measures and standards have become a model for individual Latin American countries, who have begun to adopt them in the design of public policies with an intercultural approach

Progress at the National Level

At the country level, progress has been made in three different ways: constitutional recognition, creation of agencies or offices on intercultural health, and implementation of intercultural health models.

Ecuador is the only country in the continent that has formally recognised the right to intercultural health in its constitution; articles 44 and 84 of the Ecuadorian Constitution regulate and acknowledge the right to intercultural health. After the indigenous movements that arose in Ecuador in the 1970s in response to the lack of access to intercultural health services,

the right to intercultural health has been consolidated and protected. This legal innovation signalled the beginning of an increase in focus in intercultural health, with Ecuador becoming a model other countries could follow.

Another achievement is that in some countries, governments have created specific bodies to address the issue of intercultural health policies, including through health ministries, public agencies, specialised commissions on indigenous rights, institutional spaces and inter-sector coordination procedures.

This variety of agencies and institutional procedures have been useful for increasing public policies' cultural appropriateness, defining specific health policies targeting indigenous peoples, creating funding mechanisms for indigenous policies, and incorporating new conceptual and methodological approaches. Table 1 presents the various public agencies created in 16 Latin American countries. The [National Intercultural Health Centre](#) in Peru stands out as a specialised agency that has the aim of proposing health policies and regulations with an intercultural approach, through programmes and services that promote indigenous traditional medicine and educate people on intercultural health issues.

As Table 1 demonstrates, Latin American governments have made significant efforts to create specialised institutions that manage intercultural health policy. This has implied, at least in the administrative realm, that these countries have acknowledged the need and relevance of creating intercultural policies.

In the next section of this Brief, two notable experiences in intercultural health policies from the region are presented. Though there are many other cases from the region that could also have been chosen, these two were selected because they show two different ways to create and push for intercultural health policies. In the first case, the government made an effort to promote citizen participation in the implementation of intercultural services in the Otavalo hospital, Ecuador. The second case, from Guerrero, Mexico, demonstrates a CSO-initiated process aiming to improve the health standards of indigenous peoples that the state has not been able or willing to improve. Both cases are also experiences that have implemented an intercultural approach in health services,

⁸ UNFPA. 2011. [Salud Reproductiva Intercultural para Mujeres Indígenas \(Reproductive Intercultural Health for Indigenous Women\)](#). UNFPA, Panama City.

⁹ The PAHO collaborates with countries through their Health Ministries or other public institutions to strengthen the national and local health systems of Latin American countries.



with the Ecuador case incorporating an intercultural approach to the hospital services, while in Mexico, the strategy was to build health centres for indigenous peoples.

Table 1: Public Agencies for Indigenous Health and Intercultural Public Policies in Selected Latin American Countries

Country	Public Agency ¹⁰
Argentina	Sub-programme of Community Teams for Indigenous Peoples National Support Programme on Humanitarian Actions for Indigenous Peoples - Ministry of Health
Bolivia	Vice-Ministry of Indigenous Traditional Medicine - Ministry of Health
Brazil	National Health Foundation - Ministry of Health
Chile	National Programme on Indigenous Health - Ministry of Health
Colombia	Health Programme for Indigenous Peoples, General Directorate for Social Promotion - Ministry of Social Protection
Costa Rica	National Council for Indigenous Peoples Health - Ministry of Health Programme of Indigenous Health - Costa Rican Social Security Fund
Ecuador	National Directorate for Indigenous Peoples Health - Ministry of Health
Guatemala	Indigenous Plan, Health and Nutrition Project, Basic Health for Vulnerable Groups - Ministry of Health
Honduras	Indigenous Health Unit - Ministry of Health
Mexico	National Commission for the Development of Indigenous Peoples Mexican Institute for Social Security Programme for Broadening Health Coverage - Ministry of Health Programme of Education, Health, and Diet National Coordination of Health and Nutrition for Indigenous Peoples - Ministry of Health
Nicaragua	Health Commission of the Regional Autonomous Council - Ministry of Health
Panama	Indigenous Peoples Section National Commission of Health Promotion - Ministry of Health
Paraguay	Paraguayan Institute of the Indigenous - Ministry of Health
Peru	National Centre of Intercultural Health - National Health Institute, Ministry of Health
Venezuela	National Coordination of Indigenous Health - Ministry of Health

Source: Instituto Interamericano de Derechos Humanos. 2006. [Campana Educativa Sobre Derechos Humanos y Derechos Indígenas, Salud Indígena y Derechos Humanos: Manual de Contenidos \(Educational Campaign on Human and Indigenous Rights, Indigenous Health and Human Rights: Handbook of Contents\)](#). Instituto Interamericano de Derechos Humanos, San José.

SPOTLIGHT ON ECUADOR AND MEXICO

1. Inclusion of the Right to Intercultural Health in Ecuador

This case comes from the Otavalo region in Ecuador, in which 52% of the total population is indigenous, divided into two indigenous groups, the Kichwa Otavalo and the Kichwa Kayambis. In 2003, an assessment carried out in Otavalo indicated a high incidence of maternal mortality and neonatal tetanus, and identified specific hospital practices contributing to these problems. The following table shows some of the key findings of the assessment, focusing on intercultural health service gaps.

Based on the results of the assessment, the government began taking steps to better incorporate intercultural approaches into the health policy in Otavalo's San Luis Hospital, which now takes specific steps to meet indigenous peoples' health needs in a way that respects their customs.

A first step in the formulation of this intercultural public policy was the consultation and inclusion of the various stakeholders. This was done through questionnaires and interviews conducted among hospital staff, asking them their opinions about the need to consider questions of cultural in health services. This had the aim of creating consensus among the health personnel, users and midwives about the intercultural model to be adopted.

The intercultural public policy aimed to: reduce neonatal maternal death; increase childbirth coverage; institutionalise childbirth; provide services to rural women; and improve health care quality overall. The implementation of this policy still faces obstacles to achieve all its objectives, as Table 2 shows. For example, only 55% of the medical staff allows vertical childbirth, a traditional way of giving birth that is very common amongst indigenous women in Latin America, and only 25% allow midwives in the labour room. Likewise, only 31% allow family to be in the labour room, and only 12% ask women about their preferred childbirth position.¹¹ Despite these obstacles, the collective construction and participation of different stakeholders to get to know and address in a better way indigenous peoples' needs is an important achievement in the design and implementation of intercultural health policies.

Despite these challenges, it is worth highlighting that

¹⁰ The links provided in this table bring the reader to these public agencies' websites (Spanish only).



Table 2: Gaps Preventing Full Implementation of an Intercultural Health Model in Otavalo’s Hospital

Preferences and Requests of Indigenous People	Percentage of Hospital Staff That Comply
Preference for being provided health services in their own language	65% of the staff speaks Spanish, not the indigenous language
Explanation of medical procedures	55% of the staff did not explain medical procedures
Be asked about the childbirth position they would prefer	88% of the staff did not ask about childbirth position preferences
Allow childbirth in a kneeling position	45% do not allow this position for childbirth
Allow family in the labour room	69% of the staff do not allow family in the labour room
Allow a midwife in the labour room	75% do not allow midwives
Let women take the placenta to bury it later	All staff forbid women to take their placenta with them

Own Elaboration.

Source: Teran, J. 2012. *Políticas de Salud Intercultural en Ecuador y la Experiencia de Implementación en el Hospital de Otavalo. (Intercultural Health Policies in Ecuador and the Implementation Experience in Otavalo’s Hospital)*. Presentation to the Permanent Workshop on Intercultural Health: Diverse Glances, Thinking Intercultural, 27 August 2012, Mexico City.

the hospital has had some key achievements, such as: implementing mechanisms for covering transportation in obstetric emergencies through the free maternity law; achieving active participation of the community’s public officials; systematisation of the intercultural model in handbooks; establishing a garden for traditional medicinal plants; and training medical staff in the community’s indigenous language.

2. Civil Society Support for Intercultural Health: Guerrero, Mexico

This second case came out of CSO-led research undertaken in 2002 called ‘213 Voices of Indigenous Women Against Maternal Mortality’, promoted by the CSO *Kinal Antzetik* (meaning ‘Women’s Land’ in the indigenous Maya Tzeltal language), that then began implementing a pilot project focused on intercultural health policies.

In this initial phase, they promoted workshops to train

midwives and indigenous communities and established forums with government and non-governmental actors to exchange experiences.

Finally, in 2006, the Indigenous Woman’s Health House *Manos Unidas* (meaning ‘united hands’) in Guerrero became a non-profit civil association, specially focused on promoting implementation of the indigenous worldview related to health, arguing that this was necessary for the survival of their culture. It also aimed to push forward this theme in the state’s public agenda.

The organisation’s objectives include: reducing the number of maternal deaths in six municipalities of the region; promoting a culture of respect and support through sensitisation efforts; and strengthening the training of bilingual and indigenous health promoters on intercultural themes.

After years of efforts to achieve positive outcomes in intercultural health, the progress that *Manos Unidas* has made include developing a network of midwives and promoters that support pregnant women; managing these women’s access to health services; and demanding non-discriminatory and respectful treatment within government health care services.

This case is exemplary since the ongoing CSO efforts ultimately materialised into concrete results. This case reflects as well the important role that CSOs can play in including relevant issues in the public agenda to enforce rights, especially when intercultural health is not yet a government priority.

ANALYSIS OF THE ECUADOR AND MEXICO CASES

These two cases show different strategies and paths for including intercultural approaches in the health sector in regions with indigenous populations.

On the one hand, the case of Otavalo, Ecuador shows a government’s willingness and support for implementing intercultural health as a result of surveys and collective participation to achieve the formulation of an alternative health services model that meets the needs of indigenous populations. The progress made by the Otavalo experience can be useful for other countries and groups in the Latin America region and worldwide.

¹¹ Teran, J. 2012. *Políticas de Salud Intercultural en Ecuador y la Experiencia de Implementación en el Hospital de Otavalo. (Intercultural Health Policies in Ecuador and the Implementation Experience in Otavalo’s Hospital)*. Presentation to the Permanent Workshop on Intercultural Health: Diverse Glances, Thinking Intercultural, 27 August 2012, Mexico City.



The case of Guerrero, on the contrary, did not have the government's support. Instead, it was the pressure of CSOs and academia that pushed for the issue to be included in the government's agenda and, once there, opened spaces for incorporating the theme in the public debate.

It is worth noting that, as the cases show, these two different ways to achieve the implementation of the right to intercultural health have had positive outcomes, though much remains to be achieved.

CHALLENGES

Despite the progress made, there are still important challenges that need to be overcome:

In most Latin American countries, there is no legal framework that specifically regulates the right to intercultural health, thereby making its implementation difficult. Even in cases in which this exists, such as Ecuador that includes intercultural health regulations in its constitution, it has been difficult to overcome cultural, social and economic barriers. Cultural barriers are reflected in the fact that there is not a proper understanding of indigenous peoples' worldview in terms of health. For example, medical staff might not allow indigenous people to use medicinal plants or forbid midwives' access to labour rooms. Social barriers originate because there is not a bilingual communication and, thus, a trustworthy relationship between doctor and patient is not built, meaning patients are less likely to come back for follow-up appointments or to follow their doctor's instructions. Economic barriers exist given the monetary constraints to accessing health services, along with the fact that not enough resources are allocated for medical infrastructure that takes an intercultural approach.

Another challenge arises from the fact that Latin American countries usually do not develop indicators or data to assess

whether or not their intercultural policies are working efficiently. This is an important constraint to evaluating government actions and the degree to which the right to intercultural health of indigenous peoples is being fulfilled.

As can be seen, despite the region's successes, there is still a long way to go with regards to the design of intercultural health policies, so that this becomes a functional model, enabling the inclusion of indigenous peoples that for many years have been excluded from mainstream health services.

Spotlight on Latin American Experiences in Intercultural Health

There are many other practical experiences worth highlighting from the region that have been documented in different publications.

This publication from UNFPA highlights nine case studies, including from Bolivia, Peru and Panama, that focus on reproductive and sexual health:

UNFPA. 2010. [*Promoting Equality, Recognizing Diversity: Case Stories in Intercultural Sexual and Reproductive Health Among Indigenous People*](#). UNFPA, Panama City.

And this publication from the Inter-American Development Bank (IDB) highlights five other country case studies – Chile, Colombia, Ecuador, Guatemala and Suriname – from the Latin America region:

O'Neill, J., Bartlett, J., Mignone, J. (eds). 2006. [*Best Practices in Intercultural Health*](#). IDB, Washington, DC.

CONTEXTUAL FACTORS

ENABLING LATIN AMERICA'S SUCCESSFUL INTERCULTURAL HEALTH POLICY RESPONSE



The conflicts between western and alternative medicine that have taken place at the international, regional and national levels have contributed to push forward the discourse on the need for, and relevance of, intercultural policies for health services.

The PAHO, as a regional health organisation, has played a fundamental role by providing guidelines that states can use to implement intercultural health policies. Likewise, the [World Health Organization \(WHO\)](#) has highlighted certain actions needed for an intercultural approach to be implemented in the health sector. These actions include: the respect for human rights, the acknowledgement of indigenous peoples, and states' political will to guarantee intercultural health.

Besides these regional and international efforts, a big push for intercultural policies has come from indigenous peoples' social movements that have demanded their right to an alternative health model adequate to their customs, traditions and needs. These movements have pushed the issue into public debate, highlighting its relevance and complexity. For example, the first

Intergovernmental Meeting on Institutionalisation and Public Policies, orientated towards Indigenous Peoples in Latin America and the Caribbean - a meeting bringing together governments throughout the region - stated that, to a great degree, the progress made in the region was due to indigenous peoples' own struggle for their rights, which helped them to open up spaces for engagement in relation to the state.

Another important factor has been states' reaction to social pressure. Governments have undertaken important reforms in their laws and institutional structures, trying to harmonise both health models, so that an optimal health level, as it has been discussed in international organisations, can be achieved.

The efforts carried out by international and regional organisations and social movements have a common goal, which is that the issue is included in states' agendas so that intercultural policies can be implemented, guaranteeing indigenous peoples' right to health.

LESSONS LEARNED

- 1 The Latin American experience shows that regional health organisations can play an important role by defining the elements of an intercultural policy and the pathway for implementing it. This provides important support and inspiration for individual countries within the region.
- 2 Constitutional acknowledgement of the right to intercultural health can be a first step to guaranteeing this right and ensuring its implementation.
- 3 As the Mexican case showed, the role of CSOs is fundamental for pushing the issue in the public agenda and, with it, advancing in the full enjoyment of the right to health.
- 4 The visibility of the struggle coming from the non-recognition and implementation of an intercultural health policy that has been brought by social movements and CSOs can produce substantive changes, such as the creation of agencies in charge of intercultural health or legal reforms as in Ecuadorian case.

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