**Participation of Indigenous Peoples at the United Nations**

Contribution from the Pan American Health Organization, Regional Office of the

World Health Organization for the Americas

**Existing procedures and mandates**

Since the 1990s, the Pan American Health Organization has been a global leader in recognizing the right to health of Indigenous Peoples and their participation in the formulation of policies and activities to improve their health.[[1]](#footnote-1)

In 2017, PAHO Member States unanimously approved the Policy on Ethnicity and Health[[2]](#footnote-2),[[3]](#footnote-3) . With this policy, Member States agreed on the need for inclusive, collaborative solutions to address the gaps in access to health for Indigenous Peoples. One of its five strategic lines of action (Social participation and strategic partnerships) seeks to promote effective participation, joint efforts, commitment, and strategic partnerships among Indigenous Peoples, health authorities, local organizations, and the general population to foster action to increase inclusion, equity, and equality. Two years later, in 2019, the Strategy and Plan of action on ethnicity and health 2019-2024[[4]](#footnote-4) was approved by PAHO Member States, following an important consultative process with Indigenous Peoples from the region, as well as representatives of other groups and ministries of health.

**Criteria for participation in PAHO processes**

PAHO has fostered the participation of Indigenous Peoples at several levels, including national and international.

PAHO Country offices support the selection of Indigenous peoples to participate in PAHO’s processes. Some countries have ongoing collaboration with key Indigenous Organizations to focus on particular health topics. For instance, there are agreements and memorandum of understanding in place with organizations, such as the Fund for the Development of Indigenous Peoples of Latin America and the Caribbean (FILAC), with which PAHO has a longstanding collaboration. Recently, PAHO signed an agreement with the Faculty of Law, University of Ottawa, to formalize collaboration with the ARRAMAT project.

In other cases, PAHO Country Offices ensure the Indigenous Peoples that are consulted have experience on the specific health areas, representativity at different levels, including a gender balance and life course approach.

**Good practices**

Within its existing mandates, PAHO promotes multiple spaces where Indigenous Peoples actively participate in a diverse range of programs or initiatives related to their health. Relevant actions have been conducted in the field of maternal health and communicable diseases. PAHO has worked with Indigenous Peoples in the elaboration of technical guidelines to address their health priorities from an intercultural approach. For instance, the Knowledge dialogues methodology[[5]](#footnote-5) was developed in consultation with Indigenous Peoples and is now being adapted to different health topics.

In the field of maternal health, PAHO worked, through its country office with Indigenous women, midwives, and health personnel to develop the tool for promoting culturally safe childbirth[[6]](#footnote-6). This tool is now being implemented in several countries in the region to promote intercultural maternal health facilities, in combination with Knowledge dialogues. Other successful experiences include the recent participation of representatives from the Indigenous Youth Network for the LAC region (e.g. Colombia, Mexico, Peru, and Guatemala) in the 6th regional meeting of national trachoma elimination programs. PAHO is working with Indigenous leaders to understand disease impact and work on collaborative strategies with an intercultural approach.

PAHO has promoted the participation of Indigenous Youth in different processes. This includes the elaboration of the Health Plan for Indigenous Youth[[7]](#footnote-7), a plan that was developed by Indigenous Youth, including their health priorities and where PAHO provided technical support.

**Existing gaps and actions**

Challenges to ensure effective participation include time limitations. PAHO follows coordination procedures with Country Offices, that also take into consideration the Indigenous Organizations timing to nominate elected representatives. Furthermore, geographic constraints have also been identified. This is partly due to travel from remote areas to attend meetings, with complex itineraries, including by boat, requiring several days of travel, that may not be in line with ordinary internal travel administrative arrangements. PAHO continues working to ensure sufficient time is allocated for the preparation of Indigenous Peoples participation and that persons traveling receive adequate information and are facilitated with all needed logistics (including receiving per diem prior to travel)

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1. Health of the Indigenous Peoples of the Americas. Available at: <https://iris.paho.org/bitstream/handle/10665.2/6984/15659.pdf?sequence=1&isAllowed=y> [↑](#footnote-ref-1)
2. Policy on Ethnicity and Health approved at the 29th Pan American Sanitary Conference 69th Session of the Regional Committee of WHO for the Americas. Available at: <https://iris.paho.org/bitstream/handle/10665.2/34447/CSP29-7-e.pdf?sequence=1&isAllowed=y> [↑](#footnote-ref-2)
3. Policy on Ethnicity and Health. Available at:  [https://www.paho.org/en/file/51614/download?token=tOwEGpUd](https://www.paho.org/en/file/51614/download?token=tOwEGpUd%20)  [↑](#footnote-ref-3)
4. Strategy and Plan of Action on Health and Ethnicity 2019-2025. Available at: <https://iris.paho.org/handle/10665.2/51744> [↑](#footnote-ref-4)
5. <https://iris.paho.org/handle/10665.2/55863> [↑](#footnote-ref-5)
6. <https://iris.paho.org/handle/10665.2/57116> [↑](#footnote-ref-6)
7. <https://www.paho.org/sites/default/files/health-plan-for-indigenous-youth-eng.pdf> [↑](#footnote-ref-7)