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The Challenge of Interculturality – Sharing the lessons of the American Countries

Cultural Competence and Cultural Safety in
Nursing Education: A Knowledge Translation
Symposium

March 19th, 2012

Dr. Diego Garcia

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Presentation Overview

- Panama Forum on Indigenous Health
Human Resources overview
- Identified Challenges
- Country specific projects
- Summary and recommended next steps

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Indigenous (disclaimer)

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Primer Foro
Regional
de Recursos
Humanos de
Salud para
Pueblos
Indígenas

EL DESAFÍO DE LA INTERCULTURALIDAD
THE CHALLENGE OF INTERCULTURALITY

First Regional
Forum
of Human
Resources
for Health
and Indigenous
Peoples

PANAMA
21 - 23 NOVIEMBRE 2011



PANAMA
NOVEMBER 21-23, 2011

Panama Forum on Indigenous Health Human Resources

November 21-23, 2011

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Overview



- First Pan-American Health Organization (PAHO) forum that has focussed on Indigenous Health Human Resources (IHHR)
- Representation from 14 countries of the Americas
- 70 participants representing Ministries of Health, Indigenous organizations, non-governmental organizations and PAHO

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Goals and Objectives



Goals

- **To identify the contributions** from the perspective of human resources for health **to the improvement of indigenous communities' access to health services.**
- **To identify ways to ensure that health services**, in particular primary health care through human resources interventions, **reflect cultural diversity and are based on the concept of interculturality** (interculturalidad)

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Objectives

- **To identify common and country-specific Indigenous Health Human Resources (IHHR) issues and challenges**, from both health systems and indigenous communities' perspectives;
- **To share experiences and innovative approaches** in the development of comprehensive IHHR Policies, Strategies and Interventions;
- **To analyze promising IHHR practices** and interventions that could be evaluated, adapted and replicated in other environments;
- To promote the development of **a community of practice on IHHR in the Region of the Americas**;

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Agenda Overview



- **Country panel presentations**
- **Multi-country panel presentations**
- **Working Group**

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General Observations



IHHR Challenges

- Most health systems are inadequately meeting the needs of Indigenous populations
- General inability to provide culturally appropriate patient-centered services
- Rural and remote locations of most indigenous communities with varying cultural norms ,practices, values and languages unfamiliar to non-Indigenous health professionals

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General Observations (con't)

- Shortages of health professionals in most countries affect recruitment and retention in Indigenous communities
- Indigenous health agents frequently occupy inferior status among health teams
- Many health workers work alone and encounter health problems requiring greater attention beyond their technical competencies
- Salaries are often not aligned with the requirements of work

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General Observations (con't)

IHHR Responses

- Growing recognition of issues and most countries have implemented a variety of strategies or projects
- Majority of strategies focus on increasing cultural competence of non-Indigenous health workers and addressing recruitment and retention problems
- Some have taken a more comprehensive approach and are focussing on self-sufficiency of health workers from Indigenous populations

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General Observations (con't)

- Growing openness between traditional and “western” medicine and their providers
- Deeper appreciation for the value of integrated approaches to the design of appropriate health systems
- **Increasing acceptance of concept of health service provision based on mutual recognition of culturally relevant knowledge and practices leading towards an acceptance of intercultural health and service provision**

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NOMBRE	Porcentaje de población indígena Ambas zonas Ambos sexos
Argentina	1.66
Bolivia	62.2
Brasil	0.4
Chile	4.6
Costa Rica	1.7
Ecuador	6.8
Guatemala	41
Honduras	7
México	6.5
Panamá	10.1
Paraguay	1.7
Venezuela	2.3

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BOLIVIA

- In **Bolivia**, the new Constitution designates the country as Pluri-cultural Nation. Articles 35 and 42 establish a single health system that includes traditional medicine, and notes the State's responsibility to promote its use, and guarantee respect for the traditional practices and knowledge of the indigenous peoples.



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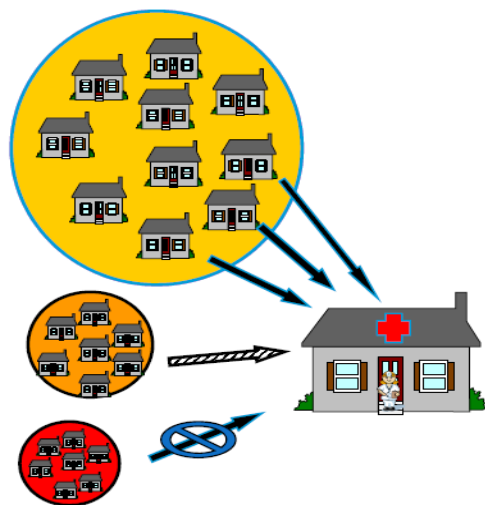


- The official health policy seeks to quantify, accredit and officially register the traditional practitioners, birth attendants and naturopaths in the nine departments of the country, and to integrate them into the health system.

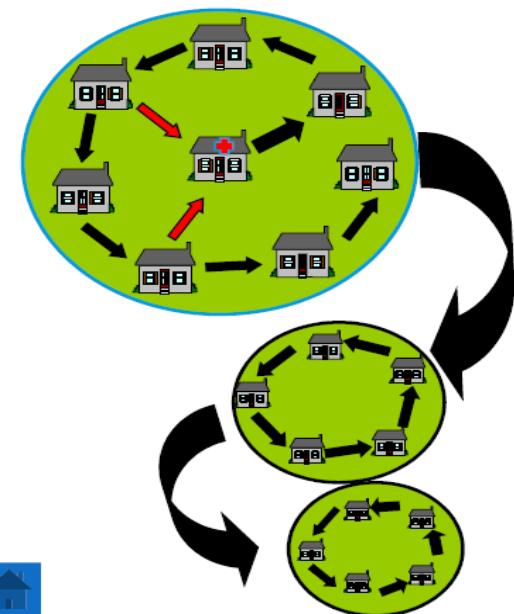
DEPARTAMENTS	Registered Tradicional Practicians
La Paz	300
Oruro	50
Potosí	100
Cochabamba	200
Chuquisaca	160
Tarija	80
Santa Cruz	140
Beni	60
Pando	30

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MODELO ASISTENCIALISTA



MODELO COMUNITARIO



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Bolivia operates a Medical Residency program within the Family and Community Intercultural Health policy (**SAFCI**) initiated in 2007 seeks to create medical specialists with capacity to respond to the health needs of the communities. It has trained 161 specialists of which 120 are now tutors working permanently in 92 municipalities. Another 168 medical residents are also being trained.

The model of care is horizontal, includes complementary traditional medicine and respect for traditional knowledge and practices, and incorporates home visits and health promotion and prevention. Community management and input is ensured through the organization of local, territorial, and departmental health and social committees.

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Brazil

- In **Brazil**, a series of Government sponsored resolutions and laws pertaining to the health of the indigenous were approved between 1991 and 2010.
- Objective 10 of the Brazilian **Strategic Health Plan, 2011 commits to supporting local integrated health services** that conform to the Unified Health System (SUS) created in 1990, while acknowledging traditional health practices, and guaranteeing respect for culturally specific traditional knowledge.
- Medical residencies, together with the expansion of institutional mechanisms that better integrate health and education are two strategies envisaged to bridge the gap and reduce the inequities.



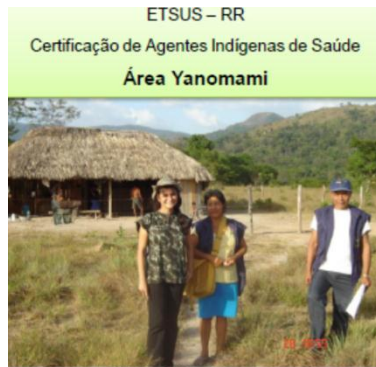
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Brazil's Strategic Plan for 2011 – 2015 commits to the implementation of a new management policy on indigenous health that strengthens the qualifications of the health workforce through permanent education. The Plan contains five objectives oriented to training and increasing the number of qualified health professionals.



5. Atenção à Saúde dos Povos Indígenas

Secretaria de Gestão do Trabalho
e da Educação Saúde

Ministério da
Saúde



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- Brazil has a policy on training and incentives for community workers and health professionals; and has defined a specific list of the criteria for the selection of community health workers eligible to receive scholarships for training and incentives to ensure their ongoing commitment to the health services.
- Brazil** has begun training Indigenous health agents (AIS) and Sanitary Agents (AISAN), Indigenous nurse auxiliaries and nurse technicians in the Amazon, Indigenous oral health technicians and Indigenous teams for basic attention in tuberculosis, growth and development



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Panama



- The Ministry of Health of **Panama** has a clear policy with sub-objectives relating to capacity building of health human resources from an intercultural perspective.
- The components include a situational assessment of the health professional profiles and requirements for the indigenous areas, coordination with universities and scientific societies to strengthen continuing education programs; criteria for evaluation; incentive programs; and promotion of an enabling work environment through satisfaction surveys, and awareness raising programs with decision-makers on the impact of precarious work conditions on the health workers.

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- Panama has developed extended stay facilities for mothers and children, engaged traditional midwives to work in the delivery rooms and rescue the traditional knowledge of Communities.
- They are coordinating efforts to provide coordinated health services to those populations that are migratory across borders.

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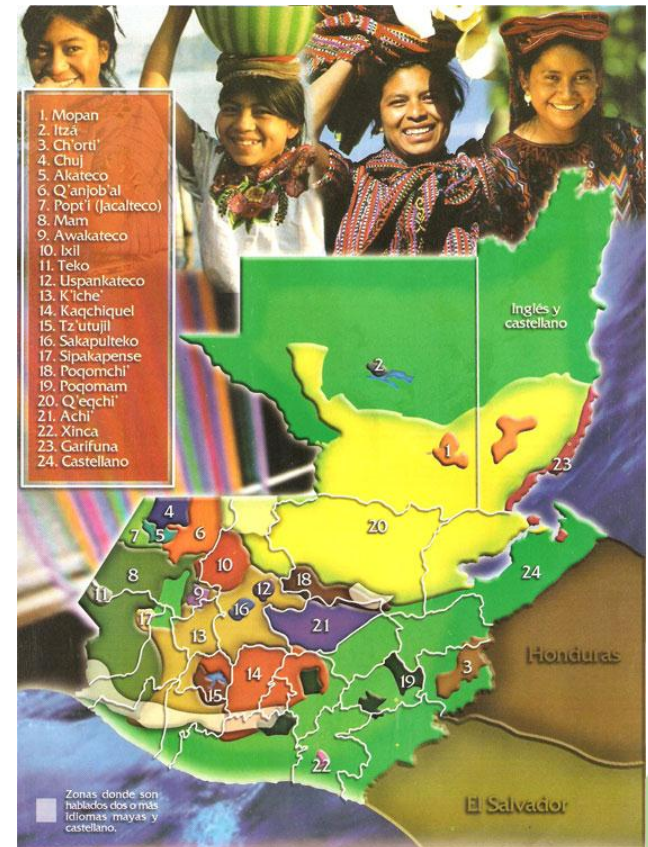


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Guatemala

- 43% of the population is indigenous.
- Guatemala** introduced the **National Program of Traditional and Alternative Medicine** in 2002. In 2009, the **Unit for Intercultural Health Attention for Indigenous Peoples** was established within the Ministry of Public Health and Social Assistance with a view to strengthening the Indigenous health approaches and knowledge, while simultaneously harmonizing them with the official health system using an integrated model of attention, research for evidence, information systems, two-way dialogue, and representation of the Indigenous Organizations in the National Health Council.



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POSICIONES ALTERNATIVAS PARA EL PARTO NATURAL CULTURALMENTE ADAPTADO



Sostenida o con apoyo de lazos



Recostada sobre el lado izquierdo



De rodillas, con apoyo de sus manos, brazos y codos.

PARTO HORIZONTAL O EN LITOTOMÍA



Recostada en forma dorsal

NOTA: para ampliar el conocimiento sobre el parto natural consultar el manual "Adecuación intercultural del parto natural/vertical".

Embarazo, Parto y Puerperio

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MINISTERIO DE SALUD PÚBLICA Y ASISTENCIA SOCIAL
DEPARTAMENTO DE REGULACIÓN DE LOS PROGRAMAS DE ATENCIÓN A LAS PERSONAS / DRPAP

Normas de

Atención en salud integral

para primero y segundo nivel

UNIDAD DE SALUD
SOLIDARIDAD

Ministerio de Salud Pública
República de Guatemala

Si sabe de salud!

Embarazo, Parto y Puerperio

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ANEXO I

POSICIÓN DEL PARTO CULTURALMENTE ADAPTADO Y EL DERECHO A LA SALUD*

La mujer puede elegir dónde y cómo dar a luz, así como la o el proveedor que esté en el servicio para su atención y la persona que la acompañará durante el proceso del parto, esto incluye el derecho a la posición más cómoda de acuerdo a su cultura.

Por lo anterior las y los proveedores de atención del parto deben:

- Informar a la mujer sobre la variedad de opciones que existen en cuanto a la posición para el parto
- Respetar la elección de las mujeres

POSICIONES ALTERNATIVAS PARA EL PARTO NORMAL Y CULTURALMENTE ADAPTADO



Sentada en una silla sobre su pareja o acompañante



De rodillas con apoyo de su pareja o acompañante



De cuclillas



De pie, con el apoyo de su pareja o acompañante

*Acuerdos de Paz, Convenio 169 de OIT, sobre pueblos indígenas e ibiales en países independientes.

Since 2009, 13 of 44 hospitals have adopted an intercultural approach, 13 Birthing Centers are providing vertical deliveries in the local language, and 23,000 traditional birth attendants are officially registered. Culturally adapted manuals, norms and guidelines on vertical childbirth and traditional medicinal plants have been published.

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Medicina Tradicional



VI. Medicina Popular Tradicional y Alternativa

La medicina popular tradicional y alternativa se define como prácticas, enfoques, conocimientos y creencias sanitarias diversas que incorporan medicinas basadas en plantas, animales y/o minerales, terapias espirituales, técnicas manuales y ejercicios aplicados de formas individual o en combinación para mantener el bienestar además de tratar, diagnosticar y prevenir las enfermedades.

El Programa Nacional de Medicina Popular Tradicional y Alternativa es el ente del MSPAS que formula y promueve políticas, normativas, estrategias y líneas de acción para la valoración, reconocimiento y respeto de los conocimientos y recursos, métodos y prácticas de medicina popular tradicional y alternativa; dentro del marco de la salud de pueblos indígenas y el enfoque de pertinencia cultural en salud que el MSPAS impulsa.

Las normas que se presentan a continuación se basan en los contenidos del Vademécum Nacional de Plantas Medicinales, que es un esfuerzo conjunto, entre el MSPAS y la Facultad de Ciencias Químicas y Farmacia de la USAC y que están descritos en forma popular para facilitar su manejo por el personal de los servicios de salud. Las plantas que se incluyen son parte de las 101 que contiene el Vademécum. Las terapias a base de plantas medicinales y las terapias occidentales deben ser complementarias en el tratamiento de las diferentes enfermedades.

NOTA IMPORTANTE:

Para mayor información sobre otros medicamentos herbarios que no están en esta norma, consulte el Vademécum Nacional de Plantas Medicinales del Ministerio de Salud Pública y Asistencia Social.

"Recuerde que la administración de plantas medicinales y productos derivados debe hacerse en forma sumamente cuidadosa para garantizar que se alcance el efecto terapéutico deseado".

Apazote

Otros Nombres:
Epazote, Much,
Guenopodio, Siq Uj



Nombre científico: *Teloxys ambrosioides*

Partes usadas medicinalmente: Hojas

Contraindicaciones y reacciones adversas:

Está contraindicado en pacientes debilitados, ancianos y en embarazadas (produce abortos). Usado contra parásitos intestinales, pero su dosis terapéutica es cercana a la dosis tóxica, por lo que debe ser cuidadoso y por tiempo limitado. A altas dosis puede dañar los riñones.

Indicaciones terapéuticas:

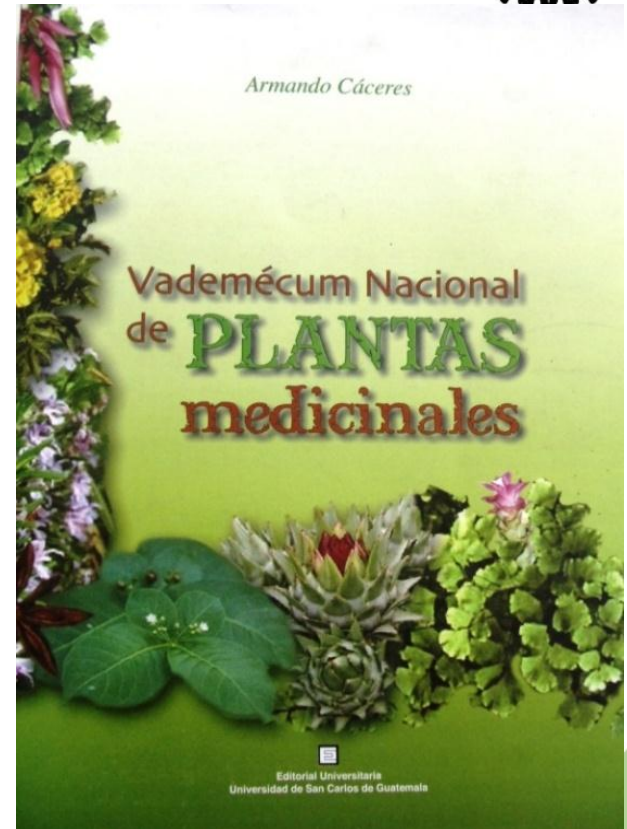
Esta indicado en parasitosis intestinal. Por vía tópica está indicada para tratar úlceras y llagas en la piel aplicando compresas a base de la planta, por medio de infusión o decocción.

Dosificación:

Una cucharada de hojas al día en infusión hasta un máximo de 3 días seguidos. Poner a hervir una taza de agua, cuando está hirviendo el agua, retirar del fuego e introducir la cucharada de hojas de apazote. Tapar y dejar reposar por 4 minutos, colar e ingerir en ayunas.

Se recomienda aplicar un enema salino a las 2 horas para provocar la defecación.

Las infusiones no deben conservarse por mucho tiempo, lo ideal es prepararlas justo antes de ingerirlas



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Nursing Training Program in Maternal and Neonatal Care



- Program aim at indigenous members from remote communities
- Students need to be selected by their community
- Trained in own language

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Nurses return to practice in their own communities

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Peru

- In recent years, the Peruvian Government has legislated on a number of items pertaining to Indigenous health and health human resources.
- The National Institute for the Development of the Andean, Amazonian and Afro peoples (INDEPA) in Peru is responsible for the development and monitoring of national policies **oriented to the promotion, protection, research and identity of indigenous peoples.**
- The National Centre for Intercultural Health specifically addresses norms and policies for intercultural health, together with research, teaching, technology transfer and the integration of traditional, alternative, and complementary medicine with academic/western medicine.



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Complementary Medicine in the Social Security System



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- To guide the work of the health professionals towards preventive medicine at a individual, family, workplace and community level.
- **To promote tradicional medicine and interculturality.**
- The social security system has evaluated and incorporated several tradicional and alternative therapies into mainstream service offerings.

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Tradicional Medicine Institute - IMET

Botanical Garden

- Peru's Inter-ethnic Association for Teaching, Development and Human Resource Capacity Building is an extensive organization covering eight regions of Peru and 1351 Indigenous communities. **It offers a diploma for basic nursing, nursing obstetrics and public health nursing, diet and nutrition from an intercultural perspective.** It also offers training to youth leaders and indigenous community health agents with emphasis on intercultural competencies and the use of traditional plants for selected treatments.



ETNOBOTÁNICA



FITOQUÍMICA



FARMACOLOGÍA Y TOXICOLOGÍA



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Seeds in shell



Peeled seeds

Pressing



Oil collecting



Grinding



To bottle





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ACUPUNTURA



TERAPIAS MANUALES



TERAPIAS MENTALES



MEDICINA NATURAL



Fitoterapia

Geoterapia

TERAPIAS VIBRACIONALES



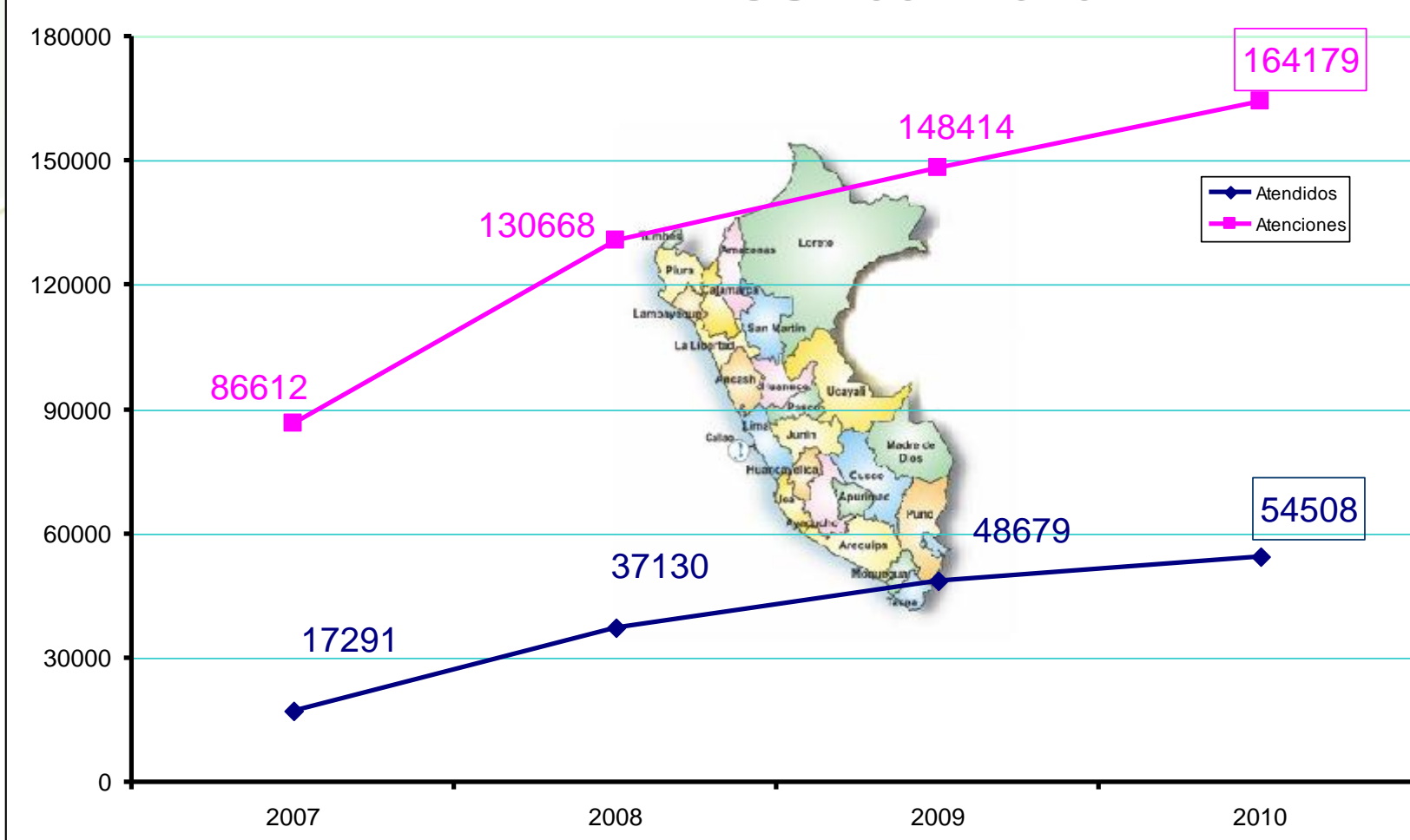
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Bioenergética,
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Fonoterapia, ElectroMagnetismo



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EVOLUCIÓN DEL N° DE ATENCIONES Y ATENDIDOS 2007-2010



520,873

212,100

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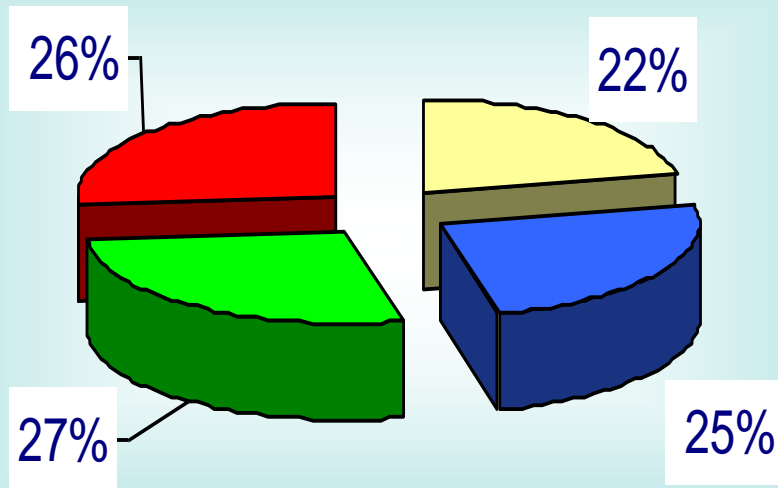
Fuente: Informes Operacionales



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% DE DISMINUCIÓN DE CONSUMO DE MEDICAMENTOS DE LOS PACIENTES DE LOS CAMEC AÑO 2010

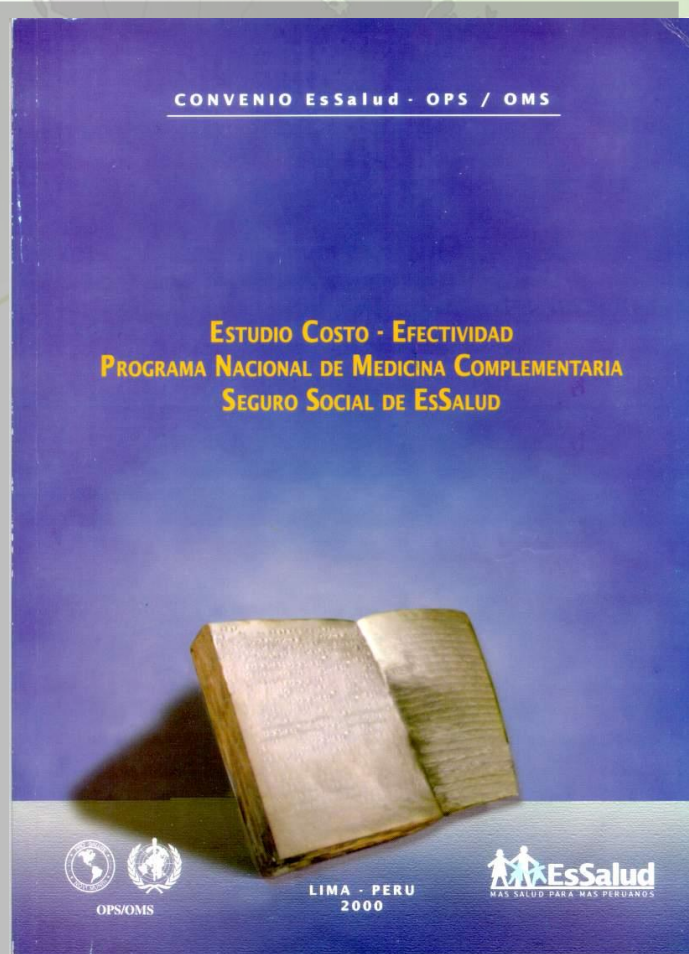


- Dejó de usar la mitad o más de la mitad de las dosis
- Dejó de usar menos de la mitad de las dosis
- Dejó de usar totalmente
- No redujo el consumo de medicamentos

MUESTRA: 10243



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Cost-effectiveness

- In a National evaluation, the system of complementary medicines was more cost efficient than western medicine.
- The Costs were usually 53 to 63% lower when using traditional and alternative

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Nicaragua



- The National Indigenous University has a Master's in Intercultural Health (2 years) with participation of students from 12 countries.
- With the objective of training health professionals that will lead the coordination and delivery of services to intercultural communities.



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Summary



- Indigenous HHR should be positioned as a priority theme on the public agenda
- Mechanisms to realize policies and legal frameworks pertaining to IHHR require strengthening
- Any framework for action on IHHR must encompass a systemic, integrated and holistic approach

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Summary Cont'd

- HHR plan development must involve the active participation of Indigenous populations
- The use of e-health should be evaluated as a means to bridge the education gap
- **Training of non-Indigenous health workers should occur in communities with Indigenous health agents**

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Thank You

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PAHO Forum materials and videos are available at:

www.paho.org/indigenouspeoples/videos

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