

# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

## CONTRIBUTIONS TO THE UN PERMANENT FORUM ON INDIGENOUS ISSUES FROM THE PAN AMERICAN HEALTH ORGANIZATION (PAHO/WHO)

# Questionnaire to UN system

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## Questionnaire to the UN system agencies, funds and programmes and intergovernmental organizations

The United Nations Permanent Forum on Indigenous Issues (PFII) was established by the Economic and Social Council (ECOSOC) Resolution 2000/22. The Permanent Forum is mandated to provide expert advice and recommendations on Indigenous issues to the ECOSOC and through the Council to United Nations agencies, funds and programmes; to raise awareness and promote the integration and coordination of activities related to Indigenous issues within the UN system; prepare and disseminate information on Indigenous issues; and promote respect for and full application of the provisions of the UN Declaration on the Rights of Indigenous Peoples and follow up the effectiveness of the Declaration.

The Indigenous Peoples Development Branch/Secretariat of the Permanent Forum on Indigenous Issues invites UN system agencies, funds and programmes and other inter-governmental organizations to complete the attached questionnaire on any action taken or planned in response to the Permanent Forum's recommendations, the system-wide action plan on rights of Indigenous Peoples (SWAP) and the 2030 Agenda for Sustainable Development.

The responses will be compiled into a report for the 2025 session of the Permanent Forum. In your responses, please, include information on progress and challenges related to Indigenous women, Indigenous persons with disabilities, Indigenous older persons, and Indigenous children and youth.<sup>1</sup>

All responses will be placed on the DESA/DISD website on Indigenous Peoples at: <https://www.un.org/development/desa/indigenouspeoples/>

*If you have any objections to your response being made available on our website, please inform our office accordingly.*

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<sup>1</sup> Indigenous should be capitalized when referring to cultures, communities, lands, languages, etc., of Indigenous Peoples, e.g.: Indigenous culture in Ecuador, Indigenous languages are dying out. If referring to flora or fauna, lower case should be used. See UN Editorial Manual for further guidance: <https://www.un.org/dgacm/en/content/editorial-manual/updates>

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Please submit your completed questionnaire by **15 November 2024** to:

Indigenous Peoples and Development Branch  
Secretariat of the Permanent Forum on Indigenous Issues  
Division for Inclusive Social Development  
Department of Economic and Social Affairs  
United Nations Headquarters  
New York, USA 10017  
Email: [indigenous\\_un@un.org](mailto:indigenous_un@un.org)

Subject: Response to SWAP questionnaire

### Questionnaire

Please also include an **executive summary** of your inputs to the 3 main questions below (strict **500-word limit**) which will be used for our compilation report submitted to the 2025 session of the PFII.

#### SUMMARY:

According to its mission, to lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, and improve quality and lengthen, peoples lives, PAHO provides technical cooperation on different health issues affecting Indigenous Peoples. These include maternal health, trachoma and promotion of traditional and ancestral medicine. Regarding maternal health, the culturally safe childbirth tool, developed with Indigenous women and midwives, was implemented in more than 250 institutions (in 8 countries) and widely disseminated[1]. The knowledge dialogues methodology applied to the context of trachoma was implemented in Guatemala and Colombia during this period, addressing health priorities for Indigenous communities and including the important role of traditional healers.

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<sup>[1]</sup> **Full implementation: 30 Institutions: Argentina** with Indigenous women (Hospital en Embarcacion, Salta), 2023-2024: **Colombia** with Indigenous women and women of African descent (4 regions and 11 health institutions, in Chocó -Quibdó-, Cauca-Silvia-, Guajira-Uribía- and Pueblo Bello-Cesar), **Peru** , with Indigenous women (6 primary health care centres- 4 in Amazonas and 2 in Atalaya), **Venezuela** with Indigenous women (4 primary health care centres in Zulia, Bolívar, Delta Amacuro y Amazonas), **Honduras** with Indigenous women (8 Hospitals : Hospital Santa Bárbara Integrado, Santa Barbara, Hospital Enrique Aguilar Cerrato, Intibucá , Hospital Gabriela Alvarado, Danlí El Paraíso , Hospital San Francisco, Olancho, Hospital San Felipe, Tegucigalpa, Hospital de Puerto Cortes, Cortes, Hospital Escuela Universitario, Tegucigalpa and Hospital General Atlántida, La Ceiba). **2023-24 : Socialized** the tool with **Argentina, Bolivia, Guyana, Costa Rica, Ecuador, Paraguay, Argentina, Chile, Panamá, México, Guatemala, Nicaragua**, other UN agencies (**UNFPA, ECLAC**) and Indigenous and government representatives from most countries in the Region at several meetings. **VCE Up to 2024** : Numbers of health institutions implementing the **Culturally Safe Childbirth module (VCE) 237**: Argentina - 1 hospital, Bolivia - 11 hospitals and 6 first-level centers, Colombia - 1 hospital, Ecuador - 89 hospitals and 41 first-level centers, Guatemala - 65 hospitals and 20 first-level centers, Peru - 2 hospitals and 1 first-level center.

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During the 6th Regional Trachoma Meeting in Colombia, in May 2024, national trachoma program managers from the region and Indigenous Peoples discussed the initiative of knowledge dialogues applied to the context of trachoma, involving also representatives of the Indigenous Youth Network for LAC and other key stakeholders.

In 2023, visits to implement the Guidelines for TB prevention and control in Indigenous Peoples in the Americas were conducted in Belize and El Salvador, and different departments in Guatemala. This exercise adds to the progress made until 2022 in 11 countries<sup>[2]</sup> in the region.

Strategic activities to promote the implementation of the Policy on Ethnicity and Health and its Strategy and Plan of Action to operationalize its 5 prioritized lines of action<sup>[3]</sup> with the participation of Indigenous Peoples, included important regional meetings addressing ethnic-racial inequalities in health; interculturality and traditional medicine and regional and global events aimed at addressing priority topics, including biodiversity and maternal health.

PAHO has also contributed to relevant events organized by other UN agencies, including the UN Global Indigenous Youth Forum, and Building on the Past, Looking to the Future.

Ensuring the participation of Indigenous Peoples, PAHO continues implementing the Policy on Ethnicity and Health. A progress report on its Strategy and Plan of Action was presented to PAHO Member States in 2023. A final report to the Strategy will be presented in 2025. All the initiatives addressing the health and wellbeing of Indigenous Peoples ensure their participation.

**Please provide information on the following:**

## **A. Recommendations of the Permanent Forum on Indigenous Issues and input to the 2025 session**

i. Please provide information on measures taken since your last update to the Forum on the implementation or planned implementation of the recommendations of the PFII.

### Technical cooperation on health prioritized topics:

PAHO has been working with countries to **promote intercultural approaches** to health on a variety of topics including Trachoma, Tuberculosis, and Maternal health.

- **Regarding maternal health**, the culturally safe childbirth tool was implemented in more than 250 institutions in 8 countries and extensively socialized<sup>2</sup>.

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<sup>[2]</sup> Argentina, Brazil, Colombia, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru and Suriname

<sup>[3]</sup> Five strategic lines of action : 1)Evidence generation, 2)Policy Action, 3)Social participation& strategic partnerships, 4)Recognition of ancestral knowledge and traditional and complementary medicines, 5)Capacity building at all levels.

<sup>2</sup> **Full implementation: 30 Institutions:** **Argentina** with Indigenous women (Hospital en Embarcacion, Salta), 2023-2024: **Colombia** with Indigenous women and women of African descent (4 regions and 11 health institutions, in Chocó -Quibdó-, Cauca-Silvia-, Guajira-Uribá- and Pueblo Bello-Cesar), **Peru** , with Indigenous women (6 primary health care centres- 4 in Amazonas and 2 in Atalaya), **Venezuela** with Indigenous women (4 primary health care centres in Zulia, Bolívar, Delta Amacuro y Amazonas), **Honduras** with Indigenous women (8 Hospitals : Hospital Santa Bárbara Integrado, Santa Barbara, Hospital Enrique Aguilar Cerrato, Intibucá , Hospital Gabriela Alvarado, Danlí El Paraíso , Hospital San Francisco, Olancho, Hospital San Felipe, Tegucigalpa, Hospital de Puerto Cortes, Cortes, Hospital Escuela Universitario, Tegucigalpa and Hospital General Atlántida, La Ceiba). **2023-24 : Socialized** the tool with **Argentina, Bolivia, Guyana, Costa Rica, Ecuador, Paraguay, Argentina, Chile, Panamá, México, Guatemala, Nicaragua**, other UN agencies (**UNFPA, ECLAC**) and Indigenous and government representatives from most countries in the Region at several meetings. **VCE Up to 2024** : Numbers of health institutions implementing the

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- The knowledge dialogues methodology was implemented in Guatemala and Colombia in prioritized areas as part of the initiative to address and eliminate trachoma as a public health problem in the region. The knowledge dialogues process was discussed and validated with representatives of the Indigenous Youth Network for Latin American and The Caribbean; national trachoma programme managers; community leaders; and other stakeholders at the Sixth Regional Trachoma Meeting in Bogota, Colombia, from 6-10 May 2024. In 2023, new visits for the implementation of the *Guidelines for the prevention and control of TB in Indigenous Peoples in the Americas* were conducted in Belize and El Salvador, and the experience was extended to different departments in Guatemala. This exercise adds to the progress made in this regard until 2022 in 11 other countries<sup>3</sup> in the region.
- **Strategic** events and activities to promote the implementation of the Policy on Ethnicity and Health and its Strategy&PoA to operationalize the 5 prioritized lines of action: 1. Evidence generation; 2. Policy action; 3. Social participation and strategic partnerships; 4. Recognition of ancestral knowledge and traditional and complementary medicines, and 5. Capacity building at all levels:
  - Relevant workshops and events conducted by PAHO:
    - Exchange of experiences in intercultural health, Mexico, Jun 2024.
    - Regional meeting to address ethnic-racial inequalities in health Brazil, July 2024.
    - Task Force Group-Call to Action at the Regional Symposium on Indigenous Women’s Maternal Health, México Oct 2024.
    - Visual health, interculturality and Traditional Medicine, Mexico City, Mexico. Nov 2024
    - Global Workshop on Biodiversity, Traditional Knowledge, Health and Well-Being. Brazil, July 2023
    - Global Summit on Traditional Medicine, August , 2023, India.
  - Knowledge dialogues methodology at the UN Global Indigenous Youth Forum, and Building on the Past, Looking to the Future. Sharing our Stories of Resilience side event, October, 2023, Italy.
  - Violence against Indigenous women and girls Nov 30<sup>th</sup>, 2023. The results will be part of a publication that will be launched on 4 Dec 2024
  - Collaboration with Indigenous networks worldwide: Indigenous Peoples Observatory Network (IPON) (agreement PAHO-IPON), Latin-American Indigenous Youth Network
  - IPON members trained in knowledge dialogues worldwide; PAHO also followed up the implementation of the implementation of the Knowledge dialogues in the different regions;

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**Culturally Safe Childbirth module (VCE) 237:** Argentina - 1 hospital, Bolivia - 11 hospitals and 6 first-level centers, Colombia - 1 hospital, Ecuador - 89 hospitals and 41 first-level centers, Guatemala - 65 hospitals and 20 first-level centers, Peru - 2 hospitals and 1 first-level center.  
<sup>3</sup> Argentina, Brazil, Colombia, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru and Suriname

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ii. The theme of the 2025 PFII session is "Implementing the United Nations Declaration on the Rights of Indigenous Peoples within United Nations Member States and the United Nations system, including identifying good practices and addressing challenges." Please include information on any **publications, projects, reports, or activities relevant to this theme.**

Some of the relevant actions addressing Indigenous Peoples' health:

- Implementation of the Policy on Ethnicity and health and its Strategy and Plan of Action. Progress report was presented to PAHO's Member States in 2023, elaboration of final report ongoing.
- Documented experience exchange among countries on a variety of topics, including Perinatal health, Trachoma, other communicable diseases, gender-based violence.
- Reports on knowledge dialogues promotion to revitalize traditions, recognition and respect of traditional practices, including the right to their vital medicinal plants, animals and minerals.
- Reports on the promotion of access of Indigenous women to culturally safe health services and Implementation of culturally safe childbirth tool.
- Communication materials and promotion of advances in social media.
- Technical support for the elaboration of a policy document on Knowledge Dialogues specific to Guatemala: "Guidelines to Knowledge Dialogues in Health".

iii. Please provide information on efforts to ensure the participation of Indigenous Peoples in the international decades declared by the General Assembly, such as the United Nations Decade on Ecosystem Restoration (2021-2030), the United Nations Decade of Ocean Science for Sustainable Development (2021-2030), the International Decade for Action, "Water for Sustainable Development" (2018-2028), the International Decade of Indigenous Languages (2022 - 2032) and other relevant international decades and processes, including CEDAW General recommendation 39 on Indigenous women and girls.

iv. Has your entity responded to the 2022 UNPFII recommendation<sup>4</sup> paragraph 85... *The Permanent Forum urges all United Nations entities and States parties to treaties concerning the environment, biodiversity, and the climate to eliminate the use of the term "local communities" in conjunction with indigenous peoples, so that the term "indigenous peoples and local communities" would be abolished.*

If yes, please explain your response in further detail.

### **B. System-Wide Action Plan to achieve the ends of the UN Declaration on the Rights of Indigenous Peoples**

#### **Background**

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<sup>4</sup> E/2022/43-E/C.19/2022/11

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As per the Outcome Document of the World Conference on Indigenous Peoples (A/RES/69/2), a [system-wide action plan to ensure a coherent approach to achieving the ends of the UN Declaration on the Rights of Indigenous Peoples](#) was adopted in November 2015 and launched by the Secretary-General at the UN Permanent Forum in May 2016.

In August 2020, the United Nations Executive Committee agreed on the need for accelerated and collective action to strengthen the implementation of the SWAP on Indigenous Peoples. In November 2020, the United Nations Chief Executives Board for Coordination issued a [Call to Action: Building an Inclusive, Sustainable and Resilient Future with Indigenous Peoples](#). Its goal is to ensure collaborative and coherent UN system action to support the rights and well-being of Indigenous Peoples with a focus on furthering the implementation of the SWAP<sup>5</sup>.

i. The Permanent Forum will follow up on progress made on the SWAP implementation as part of its discussion on the outcome document of the World Conference on Indigenous Peoples during its 2025 session. Please provide an analysis of actions taken by your agency, fund and/or programme on the six key elements of the SWAP, since your last update to the Forum<sup>6</sup>.

PAHO/WHO conducted several activities to implement the SWAP to achieve the ends of the UNDRIP, as summarized below.

The approval and implementation of the first Policy on Ethnicity and Health by PAHO Member States during the 29th Pan American Sanitary Conference is a critical contribution for achieving the UNDRIP goals. This Policy constitutes a framework for Member States to address the health of Indigenous Peoples through five lines of action: 1) production of evidence; 2) promotion of policy action; 3) social participation and strategic partnerships; 4) recognition of ancestral knowledge and traditional and complementary medicine; and, 5) capacity development at all levels. UNDRIP is referred to and highlighted in the Policy on Ethnicity and Health. It is also available on the Cultural Diversity and Health website and promoted via regional PAHO/WHO social media accounts on relevant advocacy days recognized by PAHO.

Moreover, the implementation of the Strategy and Plan of Action on Ethnicity and Health (2019-2025), aligned with the UNDRIP, still ongoing, is another critical contribution for achieving the goals of the UNDRIP in the Americas. The process of developing the Strategy included a large consultation process with Indigenous Peoples and other groups at country, sub-regional and regional levels. In 2023, a mid-progress report was presented to Member States, which summarizes advances made by countries, towards the indicators of the Strategy and Plan of Action on Ethnicity and Health.

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<sup>5</sup> Reporting on the activities to implement the CEB Call to Action is through task groups and should not be included in the responses to this questionnaire.

<sup>6</sup> The six key elements of the SWAP are: 1) Raise awareness of the UNDRIP; 2) Support the implementation of the UNDRIP, particularly at the country level; 3) Support the realization of indigenous peoples' rights in the implementation and review of the 2030 Agenda for Sustainable Development; 4) Map existing standards and guidelines, capacity, training materials and resources within the UN system, international financial institutions and the members of the IASG for the effective implementation of the UNDRIP; 5) Develop the capacity of States, indigenous peoples, civil society and UN personnel; and 6) Advance the participation of indigenous peoples in UN processes.

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The lack of advances in the progress report, in some concrete indicators, shows some of the challenges faced by Member States during the COVID-19 pandemic. The progress report reflects how some countries have advanced in the recognition of ancestral knowledge and traditional and complementary medicine, as well as in the development of capacity on intercultural health at all levels. PAHO continues to provide technical cooperation to improve the generation of evidence, as well as the work with Indigenous leaders in health matters, through effective participation and mutual respect.

PAHO is conducting work at the country level on a variety of health topics related to the health of Indigenous Peoples, ensuring their participation. These areas include maternal health, communicable diseases (TB, HIV, Trachoma) and non-communicable diseases and disaster risk reduction. PAHO continues providing technical cooperation in the review of laws and plans addressing the health of Indigenous Peoples with their participation. In the field of maternal health, for instance, Knowledge Dialogues between Indigenous Peoples and health personnel have been conducted in several countries of the region to address maternal health priorities.

The Strategy and Plan of Action on Ethnicity and Health builds upon the global commitment to sustainable development made in the 2030 Agenda to leave no one behind and to reach the furthest behind first. It is particularly relevant to highlight the regional commitments reflected in the PAHO's Strategy for Universal Access to Health and Universal Health Coverage and the Plan of Action on Health in all Policies. These instruments are in line with Goal 3, ensuring healthy lives for all at all ages, and recognize Universal Health Coverage as a core issue and an essential dimension in achieving this goal, based on the principles of equity, equality and non-discrimination.

PAHO prioritizes its technical cooperation to build the capacity of health systems to address ethnicity in harmony with SDGs and international and human rights instruments.

### C. 2030 Agenda for Sustainable Development

i. Please describe any activities your entity has organized since the last reporting period to accelerate progress across a range of SDGs, demonstrating the interlinkages across goals and targets and if applicable, providing examples of translating global goals into local actions. In your response, please consider referring to SDGs relevant to the theme of the 2025 session of the Forum, including SDGs 5, 7, 10, 13 and 16.

ii. Please describe any activities your entity organized in support of the 2024 UN High-Level Political Forum on Sustainable Development and/or reports and activities that supported SDG reporting and monitoring or a VNR process at the national, regional, or global level.

*The Strategy and Plan of Action on Ethnicity and Health builds upon the global commitment to sustainable development made in the 2030 Agenda, to leave no one behind and to reach the furthest behind first. PAHO's resolutions are in line with Goal 3, ensuring healthy lives for all at all ages, and make*



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*universal health coverage a central issue and an essential dimension in achieving this goal, based on the principles of equity, equality, and nondiscrimination.*

*Capacity building activities on intercultural health are being strengthened in the region. PAHO/WHO has also been prioritizing technical cooperation to build the capacity of health systems to address ethnicity in harmony with SDGs and international and regional human rights instruments.*