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

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Presentation Overview

• Panama Forum on Indigenous Health
  Human Resources overview
• Identified Challenges
• Country specific projects
• Summary and recommended next steps
Indigenous (disclaimer)
Panama Forum on Indigenous Health
Human Resources
November 21-23, 2011
Assembly of First Nations

Overview

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

• Country panel presentations

• Multi-country panel presentations

• Working Group
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
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
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
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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<tr>
<th>NOMBRE</th>
<th>Porcentaje de población indígena Ambas zonas Ambos sexos</th>
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<tbody>
<tr>
<td>Argentina</td>
<td>1.66</td>
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<tr>
<td>Bolivia</td>
<td>62.2</td>
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<td>Brasil</td>
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<td>Chile</td>
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<td>Costa Rica</td>
<td>1.7</td>
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<td>Ecuador</td>
<td>6.8</td>
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<td>Guatemala</td>
<td>41</td>
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<td>Honduras</td>
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<td>México</td>
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<td>Panamá</td>
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<td>Paraguay</td>
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<td>Venezuela</td>
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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.
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.

<table>
<thead>
<tr>
<th>DEPARTAMENTS</th>
<th>Registered Tradicional Practicians</th>
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<tr>
<td>La Paz</td>
<td>300</td>
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<td>Oruro</td>
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<td>Potosí</td>
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<td>Cochabamba</td>
<td>200</td>
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<td>Chuquisaca</td>
<td>160</td>
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<td>Tarija</td>
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<td>Santa Cruz</td>
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<td>Pando</td>
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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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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.
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 though permanent education. The Plan contains five objectives oriented to training and increasing the number of qualified health professionals.
• 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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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.
• 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.
• 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.
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.
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 individuales 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 eje del MSPAP, que formula y promueve políticas, normativas, estrategias y lineas de acción para la vida, atención, reconocimiento y respeto de los conocimientos y recursos, métodos y prácticas de medicina popular tradicional y alternativa dentro de marco de la salud de poblaciones indígenas y el enfoque de pertenencia cultural en salud que el MSPAP 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 MSPAP y la Facultad de Ciencias Químicas y Farmacia de la UABG 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 121 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 otras medicinas herbarias 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.

Apaizote
Otros nombres: Sapaizote, Much Guenospod, Sza yuj

Nombre científico: Telaous umbrosaoides

Partes usadas medicinalmente: Hojas

Contraindicaciones y reacciones adversas

Es contraindicado en pacientes debilitados, ancianos y en embarazadas (produce aborto). Usada contra parásitos intestinales, pero su dosis terapéutica es cercana a la dosis tóxica, por lo que debe ser custodiado y por tiempo limitado. A más dos puede dañar los riñones.

Indicaciones terapéuticas

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

Dosificación

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

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

TERAPIAS MANUALES

TERAPIAS MENTE

MEDICINA NATURAL

Acupuntura corporal, Auriculopuntura, Laserpuntura, Acupuntura Alemana, EICIWO, Reflexoterapia, Tui Nai, Quiropraxia, Shiatsu, Osteopatía, Trofoterapia, Fitoterapia, Hidroterapia, Geoterapia, Termalismo, Homeopatía, Terapia Floral, Musicoterapia, Bioenergética, Cromoterapia, ElectroMagnetismo.

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EVOLUCIÓN DEL N° DE ATENCIONES Y ATENDIDOS 2007-2010

Fuente: Informes Operacionales

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

- 27% Dejó de usar la mitad o más de la mitad de las dosis
- 26% Dejó de usar menos de la mitad de las dosis
- 22% Dejó de usar totalmente
- 25% No redujo el consumo de medicamentos

MUESTRA: 10243
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...
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
• 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
Thank You

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www.paho.org/indigenouspeoples/videos