

Chapter 5.4

Indigenous Peoples

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Learning objectives

To understand the importance of:

- Methodologies addressing the health needs of Indigenous Peoples.
- The contributions of Indigenous knowledge and practices to research and evidence in Health EDRM.
- Engaging fully with Indigenous communities.

Introduction (1)

The **Sendai Framework for Disaster Risk Reduction 2015-2030** emphasizes the integration of Indigenous knowledge and practices with disaster risk management policies, strategies, plans and programs that are tailored to the needs of Indigenous Peoples.

Disasters disproportionately affect Indigenous communities through:

- Discrimination and exclusion
- Denial of individual and collective rights
- Social and economic disadvantage
- Lack of access to health services
- Poor infrastructure

Introduction (2)



Indigenous Peoples are left vulnerable to disasters when their land is compromised by human activities such as resource mining, forestry and agriculture.

Despite these disadvantages, Indigenous communities have proven to have adaptive capacity and resilience during disasters.

For any research conducted, it is important to consider their social, economic, physical and environmental vulnerabilities.

Introduction (3)

The **PAHO Policy on Ethnicity and Health** (2017) is a great contribution:

- Developed in consultation with Indigenous Peoples, Afrodescendants, and Roma populations.
- Provides an intercultural approach to health based on equal treatment and respect.



Introduction (4)



PAHO's policy on ethnicity and health: Five strategic lines of action

- Production of evidence
- Promotion of policy action
- Social participation and strategic partnerships
- Recognition of ancestral knowledge and traditional/complementary medicine
- Capacity development on all levels

Production of evidence (1)



Key challenges to effective measurement of Indigenous health status are:

- Lack of disaggregation of data by ethnic origin
- Misclassification
- Underestimation

Inaccuracies in data collection methods are often due to varying definitions of ethnicity across census and health records.

Production of evidence (2)

Methods that can improve the data on the health needs of Indigenous communities include:

- Data linkage methodologies that collate and cross-reference data from various sources.
- Qualitative data collection methods (enhance understanding of the health needs and experiences of Indigenous Peoples).
- Interactive and collaborative methods of participatory research.



Social participation and strategic partnerships (1)



PAHO's Policy on Ethnicity and Health promotes social and strategic partnerships in line with the national context, representation of both men and women, and inclusion, equity and equality. This means that institutions and organizations within Indigenous communities must be included in the research decision-making process.

Social participation and strategic partnerships (2)

- Indigenous Peoples are able to assess the needs of their communities and help manage the risk of emergencies and disasters.
- When included in decision-making, post-disaster responses are improved, making it especially important for Indigenous participation to be fostered as part of the process for preparing for disasters.



Recognition of ancestral knowledge and traditional complementary medicine (1)



- The recognition of ancestral knowledge facilitates the development of intercultural health models, including disaster risk reduction plans.
- It can be beneficial to use traditional knowledge and western science collaboratively to share information from different sources to create a plan for action.

Recognition of ancestral knowledge and traditional complementary medicine (2)



- “**Knowledge dialogues**” help Indigenous Peoples lead conversations, provide information on disasters, and determine if there is a need to change or modify any of their practices.
- Oral knowledge traditions, such as storytelling, must be appropriately included in research in order to support culturally relevant disaster risk management.

Conclusions

- Current Health EDRM research methodologies among Indigenous Peoples are scarce and non-representative.
- The **Sendai Framework** and the **PAHO Policy on Ethnicity and Health** (2017) are important contributions for such methodologies.
- Methodologies that include the collection of disaggregated data, participation and community engagement are all important for strengthening Health EDRM among Indigenous Peoples.

Key messages (1)

- Indigenous Peoples must be meaningfully included in the development and implementation of Health EDRM policy, planning, practice and research to ensure that the approaches used are culturally and linguistically relevant.
- True partnership with Indigenous Peoples and effective engagement of Indigenous Peoples in Health EDRM is crucial.

Key messages (2)

- It is critical that research is viewed as a partnership which respects the leadership, empowerment and full consent of Indigenous Peoples.
- Indigenous Peoples are best placed to make an assessment of the needs of their community, and this perspective is crucial in risk management and research.

Key messages (3)

- International and national agencies, along with other organizations, need to be held accountable in including Indigenous Peoples in Health EDRM initiatives. Particularly in the recognition of knowledge, practice and needs, collaboration and incorporation of Indigenous knowledge with practice into regional, national and international emergency and disaster risk management strategies and plans.

Further readings (1)

Millennium Development Goals Conceptual Framework: An Indigenous Peoples Perspective. PAHO. 2009. www.paho.org/hq/dmdocuments/2009/58-odmeng_low.pdf

This document provides an indigenous analysis and critique of the UN's Millennium Development Goals (MDGs).

Policy on Ethnicity and Health. PAHO. 2017. iris.paho.org/xmlui/bitstream/handle/123456789/34195/CE160-15-e.pdf

This policy document outlines PAHO's policy on ethnicity and health, emphasizing an intercultural and equitable approach to health.

Further readings (2)

Consultation to integrate indigenous knowledge in disaster risk reduction for health. PAHO.2018.
www.paho.org/disasters/newsletter/index.php?option=com_content&view=article&id=611:consultation-to-integrateindigenous-traditional-knowledge-in-disaster-risk-reduction-for-healthsalud-carried-out-in-mexico&catid=302&Itemid=101

This news article reports on a 2014 consultation held to create indigenous-focused recommendations for disaster risk reduction.

United Nations Human Rights Council, Expert Mechanism on the Rights of Indigenous Peoples
Promotion and protection of the rights of indigenous people in disaster risk reduction, prevention, and preparedness initiatives. 2014.

https://www.un.org/ga/search/view_doc.asp?symbol=A/HRC/27/66

This research report outlines existing legal frameworks on DRR and human rights.

Further readings (3)

Indigenous knowledge for disaster risk reduction: Good practices and lessons learned from experiences in the Asia-Pacific region. United Nations Office for Disaster Risk Reduction. 2008.

www.unisdr.org/we/inform/publications/3646

This report presents 18 case studies of indigenous practices being used in disaster risk reduction from Asia-Pacific countries.

References (1)

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Sustainable indigenous futures in remote Indigenous areas: relationships, processes, and failed state approaches. GeoJournal. 2012: 77(6): 817-28.

Natural and Unnatural Disasters: Responding with Respect for Indigenous Rights and Knowledges. Geographical Research. 2012: 50(1): 47-59.

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Community vulnerability to the health effects of climate change among indigenous peoples in the Peruvian Amazon: a case study from Panaillo and Nuevo Progreso. Mitigation and Adaptation Strategies for Global Change. 2013; 18: 957-78.

The knowledge that saved the sea gypsies. A World of Science. 2005; 3(2): 20-3.

Intimate knowledge. International Social Science Journal. 2002. 54(173): 325-35.

How an Oral History Saved Thousands on Indonesia's Simeulue Island during the December 2004 and March 2005 Tsunamis. Earthquake Spectra. 2006: 22(S3): S661-9

Communiqué of the National Bureau of Statistics of People's Republic of China on Major Figures of the 2010 Population Census [1]. 2011.

http://www.stats.gov.cn/english/NewsEvents/201104/t20110428_26449.html

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