



ACTO

Amazon Cooperation
Treaty Organization



Principles and Guidelines

for the health care of the
Indigenous Peoples in
Isolation and Initial Contact

INTRODUCTION

This document presents the fundamental principles and guidelines needed to produce a regional strategy for the protection and healthcare of indigenous peoples in voluntary isolation and initial contact (PIACI acronym for Spanish language).

The document was prepared in response to a request made by member countries as part of the implementation of the program “Strategic Framework for the development of a regional agenda to protect indigenous peoples living in voluntary isolation and initial contact” supported by ACTO/IBD (2011-2014).

PRINCIPLES AND GUIDELINES

The principles and guidelines presented herein are basic guiding principles consolidated by technical experts to contribute the national initiatives on PIACI health care, since methodologies of PIAC registration vary in the region. According to various specialists and institutions, and considering references studied in the past or currently under investigation, in 2011, there were 126 indigenous peoples living in isolation or initial contact across the Member Countries of ACTO.

PRINCIPLES

Principle of high vulnerability

For PIACI, contact brings with it a very high risk of becoming sick and dying, since their immune system does not respond to common germs. For these peoples contact is an emergency situation that we must be prepared to face, mitigating the negative effects on their lives and health. Ailments affect the entire group, not just individuals. Isolated indigenous people do not have regular contact with the mainstream population and tend to reject any form of contact with people outside their group, which makes them even more vulnerable.

Principle of prevention

Considering the impossibility of carrying out direct interventions in PIACI health, applying this principle is particularly important. In this sense, action should be directed to monitoring the health of all those who live close to the territories of isolated peoples. It is important to work by creating “health protection fences” to ensure that isolated people remain healthy and do not suffer the consequences of eventual epidemics and diseases that affect neighboring communities.

Principle of self-determination

Respect and ensure the right to self-determination. For isolated indigenous peoples, guaranteeing their right to self-determination translates into respecting their decision to remain in isolation while at the same time understanding that their situation may change through time if ever they wish or need to make contact.

Principle of participation, consultation and free, prior and informed consent

This principle must be applied taking into account the specific realities of indigenous peoples in isolation and initial contact, particularly respecting their right to health, and the right to participation, consultation and free, prior and informed consent of the peoples affected. The UN Declaration on the Rights of Indigenous Peoples (2007) contains over 30 general provisions about indigenous peoples and decision-making. Both ILO Convention 169 and the UN Declaration establish that consultations must be undertaken through institutions that represent indigenous peoples. Consultations must be conducted in good faith and allow indigenous

peoples to express their opinions, after ascertaining their full understanding of the matter at hand, in such a way as to allow them to influence the outcomes and achieve a consensus.

In the case of indigenous peoples in voluntary isolation, given their vulnerable situation the right to consultations with the aim of obtaining their free, prior and informed consent must be interpreted considering their decision to remain in isolation—which is reflected in their decision not to use this type of participation and consultation mechanisms—but also their need to be better protected.

In the case of indigenous peoples in initial contact, participation refers to making sure that they are considered active subjects in all actions undertaken with the society that surrounds them. As active subjects and rights holders, as well as people with the right to decide their present and future for themselves, they must be capable of deciding what actions will be undertaken and how they will participate in them. Otherwise, we would run the risk of taking measures or implementing activities that are not respectful of their rights.

Principle of respecting and guaranteeing the right to health

Respecting and guaranteeing the right to health of individuals and groups is particularly complex when those involved are indigenous peoples in voluntary isolation or initial contact. In the case of indigenous peoples in voluntary isolation, given their vulnerable situation guaranteeing their right to health must be interpreted in such a way as to take into account their desire to remain in isolation and their need for more protection.

GUIDELINES

These guidelines were prepared to serve as a reference tool for the National Workshops, to help contextualize the right to health of PIACI in view of their extreme vulnerability and of the high health risks to which they are exposed.

All programs aimed at protecting the health of indigenous peoples in isolation and initial contact must respond to two clear purposes: avoid transmitting diseases to individuals belonging to these groups and make sure they have access to and can use both their traditional medicines and the biomedical system, in cases of initial contact. To this end, the States should define and implement their health protection and healthcare programs taking into account the following criteria:





Professional responsibility

It is important for all health services to be provided by health and indigenous affairs specialists that are able to establish culturally appropriate relations. Only those who are familiar with providing health services to indigenous peoples in isolation and initial contact and know how to establish intercultural relations with indigenous peoples will be able to ensure their health while at the same time ensuring that their other rights are respected.

- Specific and demanding training for these specialists in various matters related to interculturality, traditional medicine and cultural practices of the peoples they will work with. Knowing their languages is important to minimize negative impacts in cases of involuntary contact, as well as to communicate appropriately with those who were recently contacted.
- Develop training programs for health professionals to prepare them for the various programs required to protect indigenous peoples in isolation and initial contact.
- Foster exchange of experience and technical knowledge with other countries of the region, seeking to optimize healthcare, disease prevention and protection of PIACI.

Differentiated health treatment

Promoting health and treating isolated and initially contacted groups, taking into account that each culture has its specificities and context. This presupposes that the National Workshops will contribute to and support the definition of specific public health policies for indigenous peoples in voluntary isolation and initial contact. Such policies should help to:

Define and create specific and qualified teams to work with these groups, and include healthcare for the professionals themselves, like prior vaccination and a minimum understanding of health anthropology. Train health personnel to apply technical protocols related to situations of first encounters with PIACI.

- Create and maintain an emergency plan (contingency) to address situations where contact, accidental or not, results in health problems that bring upon them the imminent danger of mass deaths. Create swift and agile mechanisms for immediate and efficient action, including provision of funds.

- Initially contacted groups should preferably receive healthcare in their own territories through specific human resources, materials and communication.
- Conduct active and permanent programs to promote health in the surrounding areas of IPVIIC territories (protection fences), with interinstitutional coordination, aiming to control any epidemiological, social, environmental or economic factors that might lead to their physical or mental harm.
- Promote permanent care in healthcare units by personnel trained to address the specific issues of indigenous peoples in isolation and initial contact, including prevention and emergency situations, in each of the local districts or circumscriptions close to where they live.
- Guarantee the supply of medications, especially for digestive, respiratory and tropical diseases, as well as basic vaccines for newborns and young children, and anti-phidic serum.
- Guarantee the conditions they need to maintain their way of living, traditional diet and environmental conservation, since these aspects are essential to preserve their health.
- Incorporate traditional practices in PIACI protection and healthcare.
- Promote environmental conservation as an essential factor for their health. A preserved and balanced environment provides a valuable and priceless service in maintaining the health of these peoples.

Funding

Those who respond for IPVIIC health must justify the inclusion of budget items in their annual budgets before their respective ministries to ensure they will receive the money and personnel they need to operate. Likewise, they must support the regional and local health authorities so that they take the necessary measures to care for PIACI in their jurisdictions according to their capacities and responsibilities.

Monitoring

Each State must establish mechanisms to monitor the implementation of policies and action plans, and maintain close communication with indigenous organizations



in each country throughout the entire process. This translates into activities like:

- Developing a system to monitor the health conditions of communities located in neighboring areas of PIACI territories.
- Identifying and structuring buffer zones next to PIACI territories.
- Establishing a constant monitoring system or mechanism by conducting and updating studies and reports about the health conditions of indigenous peoples in isolation and initial contact. This monitoring should never be invasive; it should not bother isolated people.
- Developing tools for these monitoring systems. Particularly important are: access to information obtained through interviews; satellite and georeferenced images; overflights; land and river expeditions; observing the traces left behind by indigenous peoples (artifacts, food consumed, housing, etc.) historical documents; learning some indigenous languages; recording and systematizing the information collected and official data produced by the State about the areas occupied by isolated and initially contacted peoples.
- Include local personnel in monitoring activities, if possible indigenous communities living in the region.
- Monitoring must be comprehensive, that is, any elements capable of affecting the health of PIACI must be analyzed. Among the elements to be included in a monitoring plan are: health conditions of contacted indigenous peoples that share the territories of isolated and initially contacted peoples, as well as indigenous and non-indigenous groups that live around their territories; land occupation (get to know the territory occupied by the indigenous peoples or group that uses the territory, for example, which can be done in various times of the year); environmental conditions of the territory, with an inventory of plants, animals and water resources; cultural patterns, housing and diet; artifacts used; their sustainability situation (whether they are being able to find the environmental resources they need for their livelihoods and to continue their cultural practices; their surroundings (socioeconomic conditions in the areas surrounding the territories of isolated and initially contacted people, health conditions, economic activities, public and private enterprises like colonization projects, use of natural resources and infrastructure).
- Establishing a regional information exchange mechanism through ACTO. Coordinating programs and joint work between the health monitoring actions developed by the State in fulfilling its duties, and monitoring actions developed by civil society, community indigenous health



- promoters and indigenous organizations. Coordination and information sharing between all these actors is essential.

Sensitization

It is important for the States to become more involved in protecting indigenous peoples in isolation and initial contact and ensuring their right to health. This should involve the following actions, among others:

- Establishing a fluid dialogue between local, municipal, regional and national governments, community indigenous health promoters, indigenous organizations and NGOs about the conditions these people live in and the challenges involved in planning and implementing concrete actions and measures for health protection, prevention and care, establishing permanent dialogue tables that allow all actors to participate.
- Establishing institutional networks for PIACI health.
- Developing programs to sensitize society in general to the existence and health of IPVHC, especially in areas adjacent to indigenous territories, adapting these programs to specific social groups and creating educational programs for children and young people.

Capacity-building

- Capacity-building processes must include a wide array of actors.
- Capacity-building and permanent sensitization for civil servants in the area of health with regard to PIACI care, taking internal turnover into account.
- Capacity-building and sensitization for legislative and judiciary staff, as well as ministries and secretaries who have or may come to have direct implications in the protection of these peoples, for instance, the ministries of culture and education, as well as health. These courses should involve officials with decision-making power as well as the technicians that implement the policies.
- Promote specific training activities with indigenous organizations, and guarantee their participation in other training activities like health, monitoring and evaluation.



NOTE

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