



Working together to promote health equity and well-being for Latin American communities

WEDNESDAY, MAY 30, 2018: 8:00 AM – 9:00 AM PDT

Webinar: Health Equity Network of the Americas

PARTICIPANTS:

Kali Basman, UCLA MPH student
Carlos Caceres, Universidad Cayetano Heredia
Ana Clara Camarotti, CONICET
Anna Coates, PAHO
Anne Dubois, Dubois Betourne & Associates / UCLA Blum Center
Gerry Eijkemans, PAHO
Trene Hawkins, Robert Wood Johnson Foundation (RWJF)
Bri-Ann Hernandez, UCLA Blum Center
Ilene Hyman, Dalla Lana School of Public Health at the University of Toronto
Andrea Leiva, UCLA Blum Center
Sandra del Pino, PAHO
Michael Rodriguez, UCLA Blum Center
Pastor Murillo, UN Committee on Elimination of Racial Discrimination
Rocio Saenz, National University Costa Rica
Donald Simeon, University of the West Indies St Augustine
Melissa C. Smith, UC Santa Barbara
Eugenia Tarzibachi, Universidad de Buenos Aires/ Universidad Nacional de San Martin

NOTE: For additional details, the May webinar recording, presentation and these notes can be found at <https://blumcenter.ucla.edu/xowiki/summit>

1. Welcome - Michael Rodriguez, UCLA Blum Center

Welcome new member:

Dr. Ana Cronin Chavez who works at Born in Bradford in the UK.

2. Old Business: Action Items from Last Webinar

- Directory of Member Organizations Working in Gender Equality
 - We are currently identifying organizations that work on any of the two priority areas. Please let us know if you are working at an organization that focuses on any of the priority areas.
- Membership Enrollment Form: You will have seen solicitation to fill out the enrollment form. If you have not done so already, please return yours today.
- Informational Webinar Series: We would like to solicit your thoughts and ideas in areas you are working on that have implications for the network and insights in which we can all learn. It can be any area related to health equity and does not have to be limited to priority areas.

3. Reports & Announcements

Governance Committee – Rocio Saenz, National University of Costa Rica

- Governance Committee: Charter has been drafted, vetted, and finalized. Research is underway for the Network Systems Design as well as monthly meetings.

- **Membership Guidelines:** Made progress on the membership guidelines for how enrollment takes place, how participation is assessed and who can participate. There's a new document being developing so we can learn to approach the different members regarding most important topics for us so we can be as inclusive as possible so all people can share the mission, vision and values that we developed as a network.
- **Committees:** We've been working with the Advocacy and Communications committee to define the term "advocacy" in English and Spanish, as they're different. The committee has changed from "Abogacia" to "Incidencia" in Spanish while English remains the same. We began visualizing the necessity of creating a Research and Policy committee after feedback from not only committee members, but also others in the Network.

Advocacy and Communications Committee – Eugenia Tarzibachi, University of Buenos Aires and National University of San Martin

Eugenia is one of the first Co-Chairs of the committee, and recently authored a book called "Cosa de Mujeres: Menstruation, Gender and Power" and won an award for it. In addition to Eugenia, Ximena Avellaneda from Mexico, President of GESMujer and Amy Ritterbusch from Colombia, who will be moving to LA soon as one of UCLA's newest faculty members, are the newest Co-Chairs.

Committee Organization: The Committee's Charter as well as the framework, structure and primary strategies to move forward in communications, advocacy and dissemination, including the short-term and long-term goals of the annual communications plan.

Immediate Committee Priorities:

- Identifying and mapping priorities for public policy throughout the Americas related to our identified priority areas as well as identifying as other structural claims with strong implications throughout the region.
- Identify those organization who are working on network priority areas in order to add synergy to the efforts carried out by each one of us doing work on health equity.
- Develop plan to support everything related to public education, public awareness regarding to health inequality and also develop a plan linked to advocacy campaigns through region.
- Develop a dissemination plan talking about the outcomes of the PAHO recommendations expected by September/October this year.

Network Name: To ensure inclusion with no disrespect for those who associate the acronym with a religious connection, we will be changing the name to RAES, Red de las Americas de Equidad en Salud.

Informational Webinar: We are presenting our first informational webinar series "Health Inequalities Data Tool" on Monday, June 18 at 12pm PDT, which is open to the public. Network members presenting this webinar are: Malgorzata Miszkurka, Public Health Agency of Canada, and Margo Greenwood, University of Northern British Columbia. Please feel free to forward the invitation to your networks.. The webinar will be recorded for those who cannot make it, but want to watch it later.

4. Issues of Race/Ethnicity; Indigenous and Immigrant Populations

Newly Approved Policy on Ethnicity and Health – Dr. Anna Coates, Chief of the Office of Equity, Gender, Cultural Diversity, Dr. Gerry Eijkemans, Chief of Health Promotion and Social Determinants Unit, and Sandra del Pino, Cultural Diversity Advisor

PAHO has a very strong normative mandate with respect to policies and frameworks, which guide agreements between Ministries of Health of the Americas, which guide our technical cooperation with respect to implementation of those agreements. Normative framework is important for us. We have recognition going on in equity affecting indigenous populations back to 1993, resolutions that focus on health inequities, specifically to indigenous populations with respect to health and human rights.

Access to health and health coverage are part of the development and sustainable objectives. We not only talk about the capacity to respond, but also focus on the barriers of these populations when trying to access health, which allows us entry points to address those issues.

Strategic Plan 2014-2019: Identify 4 cross-cutting issues, with emphasis and focus on approaches, which should be directed and approached by PAHO and all member states with their policies and programs, including gender, equity, human rights, and ethnicity. This makes us unique in the WHO system, because we are the only entity that has a special focus on equity. The Policy on Ethnicity and Health recently was approved in September 2017

Why A Policy on Ethnicity and Health?

Member states have advanced a great deal with this issue in terms of expanding focus to indigenous health. Having a framework documented in ethnicity and health is important because there is no other conceptual document in the UN or WHO system, that has this focus. The goals beyond specifically addressing indigenous populations and other groups that live in vulnerable situations, specifically Afrodescendants and Roma groups in the region, were to link a normative framework with other existing normative frameworks outside of PAHO and beyond health. Our policy is framed within those normative frameworks.

Key Elements:

We are expanding beyond social determinants of health. We also want to have an approach that addresses not only marginalization, but also differentiated approaches, which take into account ethnicity and structural factors with respect to historical impulses of colonization, in particular an approach on health equity for discriminated populations within framework of individual and collective rights.

It is important to also incorporate equity to understand that colonization and discrimination, which forms part of the systems of knowledge. When we are talking about health services and systems based upon an alien system and practices, it constitutes as a barrier for ethnic populations. What the policy is trying to promote is a dialogue of equity between different knowledge systems based on equity.

We are also considering culture as useful resource for health. We have not spoken about cultural barriers, only the cultural differences and the need for both sides to adapt so that they have cultural pertinence. This means that one of the main ways to do this is with the participation of all the groups – real participation, not just opinions, but participation that really formulates responses. Fundamentally, an intercultural approach would enable everyone around the world to have appropriate, cultural and safe health services.

Priority Lines:

- 1) Generation of evidence: part of discretion is lack of data and visibility. Need for political actions and participation. Incorporation or articulation with tradition and complementary medicines.
- 2) Political Action: Promote public policies that address ethnicity from the perspective of the social determinants of health
- 3) Socio-Cultural Participation: Promote social participation and strategic alliances with ethnic groups in the development of policies and strategies aimed at generating equity.
- 4) Traditional & Complementary Medicine: To promote dialogue for the development and design of policies and programs to include traditional, ancestral and complementary medicines within national health systems
- 5) Intercultural Competence: Develop capacities at all levels (institutional and community) to incorporate intercultural approaches in all policies, plans and projects.

Operationalization of Policy

There are number of national and sub-regional consultations being conducted involving ministries as well as indigenous, afrodescendants and Roma people. Action plan will include specific priority lines so we can ensure

implementation and follow up with those actions. We have a number of examples of how an intercultural approach works in practice with priority areas in terms of cultural safety, maternal maternity, risk reduction, etc.

As stated by Carlos Caceres: It is excellent that we are considering cultural diversity with regard to health. In my point of view, this is not only about culturally adequate ways of approaching health services and access, but also not necessarily assuming a western medical system and framework as standard of knowledge. It is more about understanding diversity within what we do in our system. Although there has been a lot done, we still have to study the systems more, develop medical and health knowledge much more profoundly. Dialogue has to be open in regards to health equity in region of the Americas, where so much knowledge and long and rich traditions exist.

Pastor Murillo, Vice President of UN Committee on Elimination of Racial Discrimination

Afrodescendant issues are critically important to the current global agenda. To the extent of the latest report on global risks, climate change, extremism, including fascism, racism and xenophobia and all other expressions, have a significant impact on the international agenda. Afrodescendants are children of victims that survived the trans-Atlantic and post-migration, together with indigenous populations. Indigenous folks play a critical role as far as climate change and migrations and play a central role in the agenda especially throughout the regions of the Americas, and on a global scale.

Globally, we see that the context and results of the US election, and now the context that lives in Europe is very crossed by this demand. The question of Italy, as it's the most recent case, and the recent elections in German, where an open racist group made remarks in the German Parliament. After WWII, they had not been engaged in political sphere.. Specifically speaking of Afro-Descent populations, it is important to note the significant progress made in the international agenda, particularly from the World Conference against Racism. Racism is now conceived in broader sense, and we do acknowledge a tight link between racism and poverty that affect Afrodescendant populations. There is acknowledgment of racial discrimination, but still delay in understanding the implications of the situation, for not only Afrodescendants, but also the international community.

I want to establish the interdependency in dealing with social health determinants that effect 40% of the Afrodescendant population and 10% of the indigenous populations in the Americas. This has a determinant weight in reaching the goals of the SDG as well as global goals in facing challenges of climate change and threats posed by natural disasters, which include understanding how Afrodescendants and indigenous are to be contemplated.

Action Items: Email HealthEquidadNetwork@mednet.ucla.edu if you have any questions, comments, suggestions about any of the presentations conducted today.

5. Reminders

- Register: Informational Webinar- Health Inequalities Data Tool –
 - Monday, June 18, 2018 at 12PM PDT
- New Email Address: HealthEquidadNetwork@mednet.ucla.edu

6. Next Meeting: Wednesday, June 27, 2018 8 AM PT.

Action Items:

1. Register and attend Informational Webinar on June 18
2. Send specific policies to be addressed in your nation
3. Submit your membership enrollment form
4. Share your news and activities with the Network
5. Promote your work to the Network – send us an email so that we can give you a spot on the monthly webinar.
6. Note that emails from the Network will now be sent to your email box from our new email address:
HealthEquidadNetwork@mednet.ucla.edu