

Planning Workshop on Social Determinants of Health of the Indigenous Peoples

Quito, 19th - 20th November 2007

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Abstract

The social, political and economical conditions have a strong influence on health; these are the called social determinants of health. The context in which the different population groups evolve should be understood, as well, their culture and knowledge should be valued for the application of policies pursuing the decrement of inequities.

The existing gaps between the rich and the poor, where the indigenous peoples are particularly vulnerable, influence their quality of life and the joy of the right to health. The programs centered on subsidies and bonds trying to solve immediate needs are not enough. The goal is to attack the root of the causes, such as how the WHO Commission on Social Determinants of Health (CSDH) intends. Workshops as the one carried out in Quito, Ecuador on November 19th and 20th with the name of Planning Workshop on Social Determinants of Health of the Indigenous Peoples, with the participation of government and indigenous representatives, take us to a better understanding in order to strengthen the knowledge about indigenous peoples and their perspective regarding the approach of health. This meeting was aimed to establish the basis to strengthen the knowledge of the CSDH on which the meeting of August 2008 will be made.

Taking into account the previous meetings that treated the social determinants of the indigenous peoples, the participants were enthusiastic about continuing treating this subject where the indigenous world view and other standpoints are respected and thus to give space to interculturalism; all these, in consistency with the global trends that promote the cultural diversity and the *sumak Kawsay* or the 'good spirit'. In the health sector, intercultural health models generated by local initiatives are needed to work together with local governments, NGOs, and communities; in this context interculturalism is a cohesive idea of efforts.

Foreword

Mrs. Irene Leal

Interim Representative of PAHO/WHO-Ecuador

For the Pan American Health Organization, institution I represent, it is a privilege and an honor to lecture to you participants of this meeting, carried out precisely here in the Center of the World.

As you know the gaps between the rich and the poor are very outsized throughout the world and especially in Latin America. Without a doubt, it influences directly on the quality of life and the enjoyment of the right to health of all the population groups categorized as vulnerable and among them particularly to the indigenous peoples.

In order to mitigate in some way these major inequities there are, in general, two types of programs that the governments and the institutions are carrying or can carry on. On the one hand, various subsidies in the form of bonds are provided in order to solve pressing problems as housing, electric light, or the access to educational materials.

This is something that should be done and that, without a doubt, people thank because it's helpful to survive in circumstances of so many social and economic deficiencies. However, it is definitively not enough. As governments and institutions now understand, we should go much further. The causes of inequities are not only within the peoples or of the borders of the countries. The fact of questioning the trade of the products, the acquired debts, and the situation of the migrants, among other examples, tell us about the need for addressing the "causes of the causes" as the World Health Organization Commission on Social Determinants points out, from a deeper and integral sense.

And precisely the indigenous peoples in Ecuador and in other countries of Latin America are the ones demanding solutions in order to attack the causes of inequity that in one way or another influence on health.

These encounters that convene the authorities and technical personnel of the Ministry of Health and other governmental agencies, the representatives of the Indigenous peoples, and the international cooperation, are propitious arenas in order to advance towards the comprehension of general and particular social determinants and towards the construction of solutions supported in the strength and wisdom of the Indigenous peoples.

I augur successes both in the discussion of the concrete experiences and in the preparation of the Action Plan on the way to the realization of the regional encounter of 2008.

Background, Expectations, Purpose, Objectives, and Methodology

The Planning Workshop on Social Determinants of Health of the Indigenous Peoples was held in Quito, Ecuador 19th - 20th November 2007, with the presence of 25 people, representatives of Ministries of Health and other governmental agencies, Indigenous Organizations, NGOs, PAHO.

Background

The events that preceded the Planning Workshop in Quito, as a part of a process that already begun are: The Adelaide Symposium, April 2007; WHO Commission on Social Determinants of Health meeting, Vancouver, June 2007; the Planning Meeting in Washington DC, September 2007. All these events are framed in the actions of the Commission on Social Determinants of Health.

This Commission has the purpose of establishing the social determinants of health and submitting recommendations based on the evidence of interventions and policies supported in actions on the health determinants. Eventually when this report is published, the ideal is to work in recommendations for policies, and programs that lead to a change. The CSDH members are policymakers, managers, scientists, groups of experts, and civil society. The objectives of the CSDH are: to bring about a shared agenda at a local, regional, and global level; to document what is discussed in the Workshop; to promote a broad social debate (that include the cultural differences); and to develop an Action Plan for the meeting of August, 2008.

Workshop Expectations

The participants manifested the following expectations on the held Workshop:

Strategic

- To focus in the Indigenous population and to find a space where they can be listened in order to treat health matters
- Maintain the energy and commitment established in the Adelaide forum
- Transform what we learn to action
- Establish a legal framework, principles, and practices for change
- Develop an action plan with indigenous prominence

Knowledge translation

- To obtain more information with regards to matters of Indigenous health
- Achieve clarity on ways to do the work
- Learn more about the intercultural approach

- Exchange concepts with the representatives of the Indigenous peoples
- Transcend from theory to specific action plan

Collaboration

- Establish good relationships
- Learn ways to talk to the government in a stronger working relationship
- Succeed in obtaining more indigenous organizations working together
- Promote changes in addressing the health of the indigenous peoples from the policies and programs of the Ministries of Health

Advance Traditional Knowledge

- Promote the work of Indigenous women around the world
- Promote and to support the work related to the use of medicinal plants
- Apply the medicine of the 'Good Spirit'
- Promote the protection and development of the Indigenous knowledge

Advocacy

- For careers in intercultural health
- So that the Indigenous people receives the adequate health care
- In order to strengthen the voice of the Indigenous peoples regarding the Social Determinants of Health
- For the use and protection of traditional medicine
- For the comprehension of the Indigenous spirituality and the diversity of faiths of the Indigenous people
- For the intercultural relationships
- In order to get rid of inequity, fight against the established power, study the social capital of the Indigenous peoples, and work in concrete points
- For the greatest involvement at local, national and international level for more programs
- For the efectivization of the right to health

Purpose

Prepare an Action Plan in order to strengthen the processes promoted by the World Health Organization (WHO) Commission on Social Determinants regarding the health of indigenous peoples.

Objectives

- Share and review the experiences and perspectives about the social determinants of health of the Indigenous peoples.
- Develop an Action Plan that incorporates the realization of a regional event treating the social determinants of health of the Indigenous peoples in August, 2008.

Methodology

It is a participating Workshop that gives the voice to the representatives of Indigenous peoples.

Round table of the Planning Workshop on Social Determinants of Health of the Indigenous Peoples

The Round Table was the opportunity to present ideas for the debate that led to the general conclusions.

Leti Viteri, Coordinator of Intercultural Health. There exists an effort to include an intercultural approach within a state apparatus, this process is a challenge since it includes the sensitization and respect of the rights of the nationalities at a State level. It conveys a new policy planning and insertion design within the Ministry of Health of Ecuador. In the health sector, there are 3 strategic lines that should be followed in order to improve the services: Implement a national health model that responds to a multicultural reality, maximizing the knowledge and practices produced within each culture; the recovery of the traditional health systems; and strengthen the administrative system and human talent of the technical teams of the Indigenous peoples.

The Holistic vision of *Sumak Kawsay*¹ is a paradigm of the indigenous health that explains the importance of the harmony of the human being with the spirit, family, community, and other communities, including the natural environment; the knowledge transmitted from generation to generation within the families; the intellectual property; and the self-

¹ Kichwa term meaning the "Good Spirit"

determination as a right according to the ILO convention #169 and supported by the Declaration of the Indigenous Peoples.

Bernice Downey, National Collaborating Centre for Aboriginal Health. Reported on the agreement by scholars across all sectors of Aboriginal health and health research that despite inadequacies in the health care system and regardless of people's relative access to or use of the bio-medical system, the problems are entrenched in the ongoing economic, political and social realm. Further it is noted that this situation is greatly affected by the relationship with our governments. A critical issue is the limited autonomy that Aboriginal people have in determining and addressing their health needs. The Adelaide report articulated key themes related to these issues.

Ms. Downey called for working together to ensure that we move forward in an action oriented way and that the application and various essential UN instruments, agreements and treaties that call for support of aspirations towards self-determination are implemented.

First Nations, Inuit and Métis peoples applaud the SDOH approach but also concur that the current paradigm is limited and requires the application of an Indigenous lens. It will lead to advance the efforts of ensuring cultural continuity which will then facilitate movement towards health and improvement of health outcomes. Finally, she proposed that all people will benefit from this process and that it will contribute to an inter-cultural knowledge base.

Marco Murillo (FEINE), representative of evangelical churches. He speaks about the integrality and interculturalism. It is a theological reflection from the indigenous perspective with repercussion on health. Health is integral since it includes a strong spiritual and intercultural factor because of the unavoidable relation between cultures (for this reason he does not support the creation of Indigenous institutions for Indigenous peoples), the good relations will turn into the 'good spirit'. The indigenous spirituality is holistic even though they practice various religions and it should be respected. Being a participant of the western churches is an opportunity to think about what is proper and what is imposed.

Flavio Calazacón (CONAICE), experienced in the local area, is presented as member of the Tsáchila people. He gives priority to the recovery of the ancestral knowledge of health where the specialists return to nature. He points out that not only from the Government the Indigenous health should be treated, but in alliance with the community; if a doctor coming from outside arrives in the community without dialogue or comprehension, there are not adequate solutions. The political interests end up into discrepancies and inactivity. "If we manage to sit together with non political interest, a lot can be achieved. If in the communities there is political interference, the purity of the processes is lost."

Luz Marina Vega, Municipality of Cotacachi. The indigenous peoples live in a situation of exclusion and the adequate approach of their health requires processes of multisectoral and cross-disciplinary collaboration that prioritize the knowledge of the reality of these peoples. The following points were emphasized:

- The location is a very important determinant because of the limited access to public, basic, and sanitary services (in Ecuador, the Indigenous population live in the mountains or the Amazon region). The comprehension of the population placement allows the analysis of cultural, scholar, and businesses patterns that induce inequity and exclusion. The migration to urban places does not guarantee the access to basic services. There is a pattern of inequity, exclusion, poverty, and poor health for the Indigenous people.
- A holistic response to the subject of health is needed.
- Redistribution of the land where in the property titles (Amazon region), the state is owner of the soil usufruct.
- The community life is a necessary state that should guarantee that even someone is outside the community, there are 'maximized social networks'.
- In a macroeconomic level, with populations living in exclusion and inequity, resources leading to equity should be allocated as well as the investment in resources in these sites.
- There is an urgency of creative and sustained reforms that elevate the awareness of policies as of objectives to achieve programs for inclusive education.
- The Ministry of Health should provide health care services prepared for various cultures.
- There is a pattern of inequity which means that we should leave the philosophic framework of who has the reason and begin to design programs like the nutritional one for example.

We all conclude that the 'good spirit' is a paradigm that summarizes the rescue and future of the Indigenous peoples. But this should be seen from a holistic and multidisciplinary perspective, fundamental to find the causes of the problems.

Development of the Action Plan Regional Event 2008

Purposes and expected results

Key messages:

- Participants agreed to focus discussion on the planning of a regional event to take place late in 2008, after the release of the WHO Commission report.
- There was strong support for the value of providing a space for Government representatives and Indigenous Leaders from the Americas to exchange views on the relevancy and implementation of the WHO Commissions as it pertains to Aboriginal health in the Americas.

The participants raised issues that although time is limited because the countries will have only eight months to plan this meeting, it is important to take into account the following issues when the governments both at the national and the regional level develop plans to address the health of Indigenous peoples. This attests the difficulties that this Action Plan can present, for example

- Programs going from the bottom up, from the community, where not everything is found in books are proposed.
- How to manage the medicine is an issue that still does not have safe and successful response, like the protection of policies and procedures. For example, the patents, how to provide a safe protection to people?
- The Indigenous peoples have different realities that mark the difference between social determinants.
- There are differences because of the government development and support. Because of the impact of the colonization on the health, the self-determination is a

necessary umbrella, recognizing that even the differences, there also many commonalities.

- There is urgency because of the loss of consciousness of ancestral peoples. In the process of modernization, the Indigenous people have been being despoiled from natural resources, as the water for agriculture, given by the privatization of the water that is a vital element.
- There is a need to settle policies in order to strengthen the Indigenous people within the health systems of the states.
- The so called 'developed' societies reject what they do not know; therefore the Indigenous way of organization is not included in western societies.
- The system of inclusive dialogue is now developed; it is no longer just tolerance, but dialogue between people at the same level.
- There is a need of returning to the family and the community as bases of the knowledge and identity.
- Since the Millennium Development Goals (MDG) should be fulfilled until 2015, year of conclusion of the Second International Decade of the Indigenous Peoples of the World; the Action Plan will take into consideration processes underway at the country level regarding the MDG achievements.

Social Determinants of Health of the Indigenous Peoples

Planning Workshop on Social Determinants of Health of the Indigenous Peoples

ACTION PLAN

Regional Event 2008

In preparation for the Regional event, participants agree on the need to ensure preparatory work, particularly dialogue among Indigenous peoples to feed up the regional government - Indigenous leader's dialogue.

- **Purpose**
 - Create an opportunity for dialogue and exchange between Governments and Indigenous peoples on the importance and implementation of the recommendations of the WHO Commission regarding its application in addressing the health of the indigenous peoples in the national, subregional and regional areas.

(Note: the report is expected to be published by June, 2008)

- **Expected results**

- Develop a proposal for an Integral Regional Action Plan to address the social determinants of health of the Indigenous peoples of the Americas considering the priorities established in the CD37.R5 (1993), CD40-R6 (1997), CD47.R18 (2006) PAHO Resolutions.
- Generate a common agenda among the countries, Indigenous peoples of the Americas, and international cooperation on social determinants of health of the Indigenous peoples that take into account the national and local priorities.

- **Scheme of analysis**

The following scheme of analysis is based on the need to apply the holistic approach to health proposed by the same Indigenous peoples.

- Self-determination
- Cultural continuity
- Respect and inclusion (involvement through spaces and voices)
- Rights, legislation, policies, and practices
- Intercultural strategies

Result: **Broad Action plan, adaptable for every country**

- **Topics**

(The indigenous leaders insisted in including the following topics because we need a starting point to apply the scheme of analysis. We understand that not all topics will be discussed.)

Considering the proposed scheme of analysis, the following common topics will be discussed:

- From the indigenous paradigm
 - The 'good spirit'
 - Indigenous world view/spirituality

- Ancestral knowledge
- Intercultural Strategy
- Within the framework of the right
 - Self-determination/racism
 - Individual and collective rights (the right to health, intellectual property)
 - Identity and culture
 - Sensitization/Respect
 - Food sovereignty
 - Land and territoriality
 - Investments
 - Relation governments/ Indigenous peoples
- Strategies of prioritization of the health of the Indigenous peoples
 - Model of intercultural health care
 - Health and living conditions of the Indigenous peoples: quality of the information
 - Health indicators (disaggregation of the information, incorporation of the ethnic ownership and pertinence)
 - Follow-up and evaluation systems
 - Education and training of human talent
 - Installed capacity
 - Harmonization of the indigenous and conventional health systems
 - Legal frameworks that facilitate the establishment of intercultural models
- **Structure of the meeting**

Time: 2 days – 1 day site

Language: Spanish with simultaneous translation to English

Place and date: Quito, Ecuador–Week of August 18th, 2008

 - Format
 - Conferences (history, processes, specific subjects)
 - Plenary
 - Round tables on the themes proposed with the participation of the governments and indigenous peoples representatives
 - Working groups
 - “Successful” case studies in the application of the proposed framework of reference

- Visit to ongoing experiences in Ecuador (Examples: Jambi Huasi, Otavalo, Jambi Mascaric, Cotacachi)
- Audiovisual media
- Moderators
 - Representatives of the governments, indigenous leaders
- Lecturers
 - WHO representatives, governments, indigenous leaders

- **Participants**

- ECUADOR

- President of the Republic
- Ministry of Health
- Ministry of Education
- Ministry of the Environment
- Ministry of Energy and Mines
- Ministry of Social Inclusion
- National Direction of Bilingual Intercultural Education
- CODENPE
- NGO that work on with medicinal plants or relevant experiences
- Entities working in traditional medicine: Jambi Huasi, Jambi Mascaric
- Representatives of each Indigenous Peoples and nationalities
- Indigenous therapists, young, elderly, women
- National representative indigenous organizations
- PAHO

- COUNTRIES

- Ministries of Health (other Ministries)
- Indigenous peoples
- Regional and subregional indigenous organizations (ICAC, COICA, APG)
- Young people Organizations
- Women Organizations
- Traditional Therapists Organizations
- Regional Event 2008
- Ministers of Health
- Indigenous peoples
- PAHO
 - Selection of participants criteria

- Equitable governments and indigenous peoples representations
- Representatives with decision-making power
 - Government (Ministries, indigenous governmental agencies)
 - Indigenous peoples (young people, elderly, women, indigenous therapists)
 - PAHO
 - Academia
- Number of participants: 5 representatives per country (2 government, 2 indigenous peoples and 1 PAHO) 10 Lecturers, 10 Ecuadorians (5 indigenous organization and 5 government representatives)
 - Total: 140 participants
- Number of countries: 24 countries
- Selection process
 - Preparatory meetings
- **Financing**
- Preparatory activities
 - Technical Committee Meeting
 - Preparation of the base document
 - Preparatory meetings in the countries
 - Needs for the event
 - Financing of indigenous representatives (passages)
 - Government Representatives (passages)
 - Lecturers (passages)
 - Logistics of the event (package of lodging and feeding, rooms, secretarial support, communications, Internet)
 - Material
 - Miscellaneous
 - Translation
 - Visit to the communities
 - Systematization
 - Publication
 - Documentation (visual and electronic)
- Budget estimated for the event: 150,000
 - Local expenditure budget
 - Sources
 - Canada will finance its involvement

- Canada will consult the possibility that CIDA finances the participation of other countries
- PAHO
- Other cooperation
- Indigenous Fund
- Ecuador (Ministry of Health)

- **Roles and responsibilities**

- Health Canada
- Indian Health Services
- Ministries of Health
- Indigenous institutions
- Indigenous organizations
- Other institutions
- Host country
- Agreements
- Pending matters
- Follow-up

- **Previous activities–Timetable**

- **Teleconference of the Technical Committee**

- Responsible: PAHO
- Objective: review the advances of the tasks accomplishment (agenda (CA), budget (PAHO), communication plan (PAHO))
- Date: December 10th, 2007 (attempt)

- **Regional Communication Plan**

- Responsible: PAHO
- Date: December 15th

- **Communication with the countries (government and Indigenous peoples)**

- Responsible: PAHO
- Date: January 15th, 2008

- **Agenda**

- Responsible: Technical Committee
- Date: summarized version - December 15th, 2007

- **Base Document**

- Responsible: Writing committee led by the NCCAH
- Date: First Draft at the end of February, 2008

- **Promotion of activities in the local, subnational, national, and regional area on social determinants of health of the indigenous peoples.**
 - Responsible: Technical Committee and National Committees
 - Date: December 2007–August 2008
- **Sensitization of governments and different actors and sectors about the importance of the topic of social determinants in the health approach of the indigenous peoples.**
 - Responsible: Technical Committee and National Committees
 - Date: December 2007–August 2008
- **In January the Commission that will deal with social determinants in Canada will meet**
 - Responsible: Canada will send a note on the work on health of the Indigenous peoples
 - Date: January, 2008
- **Disseminate the available information among the governments of the countries by the indigenous representatives.**
 - Responsible: Indigenous Fund
 - Date: January 15th, 2008
- **Definition of terms (Glossary) as an Annex of the Base Document and information on links toward relevant documents (Convention 169, Declaration of the Rights of the Indigenous peoples).**
 - Responsible: NCCAH
 - Date: end of February, 2008
- **Document translation**
 - Responsible: PAHO
 - Date: December, 2007–August, 2008
- **Establishment of the National Committee and preparation of the National Action Plan**
 - Responsible: National Health Bureau of the Indigenous Peoples of the Ministry of Health of Ecuador
 - Date: second week of January, 2008
- **Preparatory meetings for example for the review of the WHO document, base document, and the selection of participants with the involvement of the government and the indigenous peoples representatives**
 - Responsible: Technical units responsible for the health of the Indigenous peoples of the Ministries of Health
 - Date: January, 2008
- **Prepare the budget for the event**

- Responsible: Technical Committee
- Date: December 15th, 2007
- **Publication of the proceedings/report of the event**
- Responsible: Technical Committee
- Last week of August, 2008
- **Document to be presented in the PAHO Directing Council in September, 2008**
 - Responsible: Technical Committee
 - First week of September, 2008
- **Technical committee**
- Representatives of the governments and Indigenous peoples
 - Ecuador
 - Dr. Luis Fernando Sarango
 - Dr. Luz Marina Vega
 - Dr. Leti Viteri
 - Canada
 - NCCAH
 - Health Canada
 - PAHO
 - Headquarters
 - PAHO/WHO-Ecuador
 - Indigenous Fund
 - Technical Secretariat
 - United States
 - Indian Health Service
 - Indigenous peoples Representative
- Process of consultation with the countries of the Region
- Meeting of the Planning Committee–May or June, 2008
- Technical Committee in Ecuador
- Representatives of the governments and Indigenous peoples, will work
 - Ecuador
 - Dr. Luis Fernando Sarango
 - Dr. Luz Marina Vega
 - Dr. Leti Viteri
 - PAHO/WHO-Ecuador
 - Ministries of Health
 - FEINE, FENOCIN, CONAIE, etc, etc.
- **Writing Committee**
 - National Collaborating Center of Aboriginal Health

- PAHO
- Juan Tarifa
- Luis Fernando Sarango
- Leti Viteri
 - Process of consultation with the countries and Indigenous peoples

TIMETABLE

ACTIVITY	RESPON	DATE														
		Dec		Jan		Feb		Mar	Apr	May	Jun	Jul	Aug		Sept	
		10	15	15	30	15	27						10	18	15	30
Teleconference of the Technical Committee	PAHO															
Draft Report	PAHO															
Report	PAHO															
Regional Communication Plan	PAHO															
Web page Demo	PAHO															
Web page	PAHO															
Agenda	TC															
Budget for the Event	PAHO															
Communication with the countries	PAHO															
Information dissemination between governments by indigenous	IF															

representatives																		
Preparatory Meetings	TU																	
Meeting of the Commission in Canada	Canada																	
Establishment of the National Committee and National Action Plan	DSNPI																	
Base Document	WR (NCCAHA)																	
Note on the work in the health of indigenous peoples—of the meeting in Canada	Canada																	
Glossary	NCCAHA																	
Meeting of the Planning Committee	TC Ecuador																	
Activity promotion—site, subnational, national, regional	TC - NC																	
Sensitization of governments and other actors	TC - NC																	
Document translation	PAHO																	
Report on the Event and Publication of Proceedings	TC																	
Documents for the Directing Council	TC																	

	Less critical activities
	Critical activities cannot be delayed

Equivalences

PAHO: Pan American Health Organization

TC: Technical Committee

NC: National Committees

WR: Writing Committee

NCCAH: National Collaborating Center for Aboriginal Health

IF: Indigenous Fund

TU: Technical units responsible for the health of the Indigenous peoples of the Ministries of Health

DNSPI: National Health Bureau of the Indigenous Peoples of the Ministry of Health of Ecuador

LIST OF PARTICIPANTS TO THE INTERNATIONAL WORKSHOP ON SOCIAL
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