Independence and control in Indigenous community participation in health

ICPP 3

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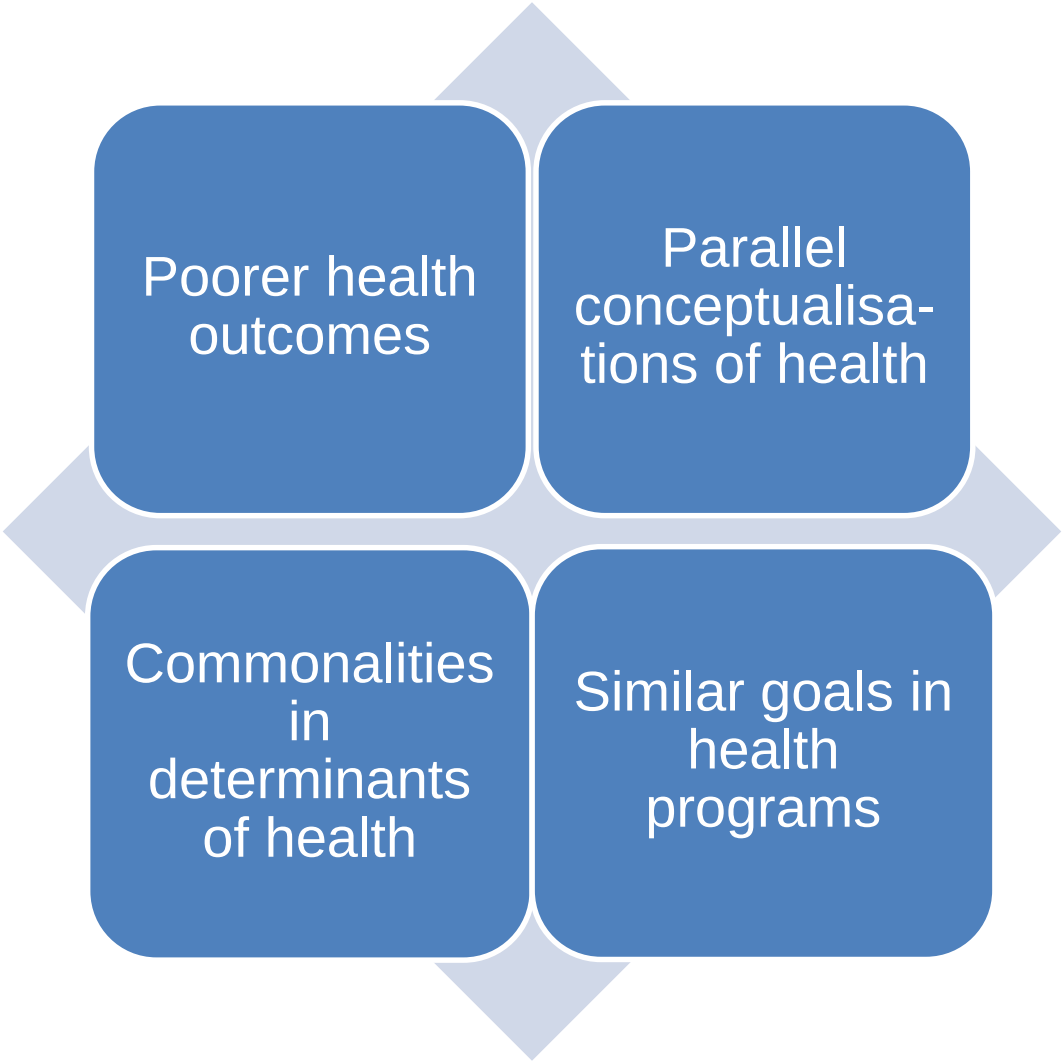
- Forms part of a larger doctoral study on Indigenous community participation in health in Chile

- Using the case of Makewe Hospital to explore how community interaction with State structures upholds or undermines the realisation of Indigenous autonomy and self-sufficiency through community participation in health

Seen through the governmentality framework, communities and community organisations balance the desire for autonomy with ongoing dependence on governmental funding, or working within governmental systems. State power is reproduced through the same processes by which the government devolves decision-making, management and governance to communities and civil society.

Indigenous health in an international context



Makewe Hospital

Source: http://www.climate-zone.com/climate/chile/

Temuco

Araucanía (IX) Region

670km south of Santiago

Population: 270,000

13% Mapuche

Highest urban concentration of Indigenous people in Chile

Makewe Hospital

- Managed by the Indigenous Health Association of Makewe-Pelale
  - 35 member communities
  - community leaders
- Contracted by the government to provide biomedical services
- Referrals between biomedical and traditional services, works with traditional authorities
- Services provided in accordance with Mapuche customs and with cultural sensitivity

Makewe Hospital

- Covers population of 20,000
- 35 beds
- Low complexity

- Physicians
- Midwives
- Allied health
- Dental services
- Social work
- Intercultural health worker

- Sells biomedical services on behalf of the government

Methods

- August 2015 and June 2016
- 12 semi-structured interviews with Makewe Hospital staff members
- Topics:
  - The organisation and structure of participatory processes relating to Makewe Hospital
  - Identification of local health needs
  - The influence of participatory processes on responding to local health needs
  - Factors that influence participatory processes

Methods

- Directive content analysis (Hsieh and Shannon, 2005)
- Coding categories identified *a priori* (to explore key issues outlined above)
- Additional categories were developed to describe issues that emerged

- Right to health in Chilean constitution
- Right to culturally appropriate healthcare outlined in Article 7 Law 20.584
  - right of Indigenous peoples to receive medical attention that is culturally appropriate with respect to public institutions of care

Taking on responsibility that should rightly be borne by the State

…the Association that we, that I represent is the one responsible for administering public health in Makewe territory, right? So we're doing what the government, the Chilean State should be doing as part of its own, its own responsibility, we assume that responsibility and we assume it so that in this territory the people can be cared for with respect, with dignity, with, with attentiveness, yeah? (Director of Makewe Hospital, President of the Association)

Role of the Association to strengthen Mapuche political power

…I believe that the way the Mapuche people can move forward and have representation is through creating institutions that can decide within their territory and that's what the Mapuche Association is doing…. (Administrador)

Tensions between creating change from within vs being constrained by the rules of the system

… these institutions [such as the Mapuche Association] one has to strengthen them and in order to strengthen them indubitably as we're located within the Chilean State unfortunately, I repeat unfortunately, we have to adhere to their policies…because if we don't …they'll regrettably say, "Right, this institution isn't following the rules and therefore it is outside of the system," and once we're outside the system we lose representativeness, we've lost our voice, we've lost in some way our development within the Chilean society. (Administrator)

No legislative mechanisms for Indigenous governance or community control

- DFL 36—created to facilitate privatisation in health

The State, via the Auditing Office, has a mechanism, maybe thinking about private companies, or businesses, they're not thinking about Indigenous people, where if you need 100 million pesos (approximately 200,000AUD), you have to give 10% or 20% as a guarantee; so you need to have that cash. So that means, if you're applying for 100 million pesos, you have to have ....if it's 20%, 20 million pesos; but they're all farmers and Mapuches, where are they going to get 20 million pesos from?....So in reality you're imposing this requirement that you know they're not going to meet. (Administrator)

Limitations to capacity to respond locally

- Centralised nature of Chilean policies
- Dependence on State funding
- High level of auditing and reporting

Responsibilisation of Indigenous health services

- Providing services that would otherwise be the responsibility of the State
- But with fewer resources and support

For example… How many patients per hour? What is being administered? What are the objectives we have to reach? How many patients have to be in which program? What is your population? These are all the parameters the Health Department measures us by. I can show you statistics, for us the most important thing in the month to be able to receive the salaries are the statistics. …There's never been total freedom or autonomy to be able to do or decide. (Administrator)

If I don't have the resources, not even for the minimum, which is the biomedical, when will I have the calm to be able to think? I think the solution is political negotiation. (Administrator)

And from there the idea was born, in me at least, that we couldn't stay marginalised in Makewe, we have to in some way make the organisation that administers Makewe, the Mapuche organisation, visible, in other areas…so that the State or the current ministers that come in know that we exist and that we're moving forward in the field of health, …and that we want to contribute rather than detract, we want to add rather than take away…..
(Administrator, member of the Association)

ILO 169 obligates governments to:

1) consult with Indigenous peoples ‘through appropriate procedures and in particular through their representative institutions,’ regarding legislative and administrative issues that affect them and

2) allow Indigenous peoples to participate in ‘the formulation, implementation and evaluation of plans and programs for national and regional development which may affect them directly

- The United Nations Declaration on the Rights of Indigenous Peoples obligates States to 'consult and cooperate…with the indigenous peoples concerned…before adopting and implementing legislative or administrative measures that may affect them'
- The right to consultation is also tied to the right of Indigenous peoples to self-determination, also recognised by the UN DRIP

Article 7, Law 20.584: The rights and responsibilities of the patient in relation to health care

--right of Indigenous peoples to receive medical attention that is culturally appropriate with respect to public institutions of care

The advocacy work engaged in by the Association is a way to navigate the tensions described by staff between the responsibilisation of communities on the one hand and on the other, a desire to increase Mapuche autonomy through engagement and representation within the Chilean State.

Currently, main forms of Indigenous community participation in health are:

- Individual community-controlled services
- Government consultation processes
- Roundtable discussion groups
- Indigenous intercultural health workers

Some supportive legislative structures exist, but avenues for shared decision-making are lacking

Need for the establishment of adequate mechanisms for Indigenous governance and decision-making in health in order to fulfill obligations set out by international and national legislation

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