The Right to Health of the Awá Camawari Indigenous People: Strategies for the Recognition and Promotion of Community Health

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Abstracts

The objective of this article was to gain insight into the community health practices of the Awá-Camawari indigenous people of the Vegas Chagüi Chimbuza reservation, situated within the Ricaurte municipality of the Nariño Department. The methodology was qualitative, with a review of the literature supported by the hermeneutical historical approach. Interviews were conducted with 16 informants and two petition rights holders. The findings indicate that there has been minimal progress in the community-differential health model. There are shortcomings in public health policies for indigenous peoples, which have weaknesses and intermittencies that hinder changes. The practices are based on traditional medicine. In conclusion, there are routes that can be taken to guarantee the right to community health, with alliances and strategies that can be used to build collective interest plans that overcome the status quo.

Keywords: human rights, right to health, community health, indigenous peoples.

Introduction

Throughout the twentieth century, significant advancements were made in the recognition of the rights of indigenous communities and ethnic groups across the globe. These groups are integral to the cultural identity of ancestral populations who continue to engage in agricultural activities in diverse geographical regions. It is imperative that they are afforded the same rights as urban residents.

The development of multilateral agreements and standards in different organizations with a global scope, such as the United Nations (UN), the International Labor Organization (ILO), and

others, have promoted a number of norms, regulations, and initiatives aimed at the protection and defense of human rights. In this unique case study, these efforts have also contributed to the advancement of the health of ethnic groups.

In this context, there is a significant emphasis on the right to health of the Awá Camawari indigenous people, as well as strategies for the recognition and promotion of community health. This is due to a preliminary diagnosis that identified a series of weaknesses and difficulties in accessing these primary services for the well-being and social satisfaction of the members of these territories in the Republic of Colombia. Despite the advances achieved by national governance and governability.

One of the most significant obstacles to achieving equality in the region is the lack of prioritization of indigenous peoples' rights in policy agendas. The challenges are considerable, particularly given that the region encompasses over 800 indigenous peoples, with a combined population of approximately 45 million (Del Popolo 2017, 18).

As indicated by data from the Ministry of Health and Social Protection (2017), there is a notable vulnerability with regard to access to the health system. In particular, 43% of Colombian indigenous households are classified as poor, and 24% of indigenous households are in a state of extreme poverty. This represents a rate that is 2.7 times higher than that observed in non-indigenous households.

This indicates that the indigenous population is subject to a dual vulnerability with regard to the Colombian health system. On the one hand, they are confronted with geographical inaccessibility due to the remote location of their settlements. On the other hand, they are excluded from the protection of the health system, which is particularly detrimental to rural communities. In this regard, the Awá-Camawari tribes have been among the most adversely affected by political, social, and economic vulnerability. It is noteworthy that the indigenous community possesses a rich heritage of traditional and naturalistic medicinal practices, which are often the primary form of healthcare due to the limited accessibility to the formal health system.

With regard to the Awá Camawari indigenous people, the systematic inaccessibility to the health system and the flagrant disregard for the customs and health practices of indigenous peoples has resulted in their marginalization and relegation to a second-class status. From a social perspective, they experience elevated mortality and morbidity rates compared to the non-indigenous population (Ministry of Health and Social Protection, 2017).

To further support the aforementioned approaches, Sánchez (2019, p. 3) posits that “the issues surrounding access to healthcare are fundamentally institutional in nature, particularly when considering the case of Colombian indigenous groups, who, for a multitude of reasons, are still awaiting the realization of this fundamental right.”

The objective of this article is to gain insight into the community health practices of the Awá-Camawari indigenous people of the Vegas Chagüi Chimbuza reservation, situated within the Ricaurte municipality of the Nariño Department. To achieve this, it is vital to ascertain whether the right to health of the Awá Camawari indigenous people can be upheld through an understanding of their community health practices, which represent a fundamental aspect of a pluralistic human right to health.

Methodology

The methodology was qualitative and inductive, aligning with the benefits of interpretative thinking. It was a documentary study of a descriptive type, supported by the historical-hermeneutical approach. As Muñoz (2011, 22) notes, qualitative studies are based on descriptive, interpretative, and inductive approaches, which are used to analyze social reality from a subjective perspective.

Accordingly, the data collection instruments were aligned with the principles of content analysis in referential archaeology and semi-structured interviews with 16 key informants, representing the Awá Camawari community as social actors. Additionally, two petitions were submitted to ascertain the stance of regional and local political authorities in the Nariño department.

The behavior of the reality that this ethnic population is experiencing in terms of health and other related services was contextualized from the perspective of social and institutional actors, with the interviews providing insight into their personal narratives, experiences, and cultural traditions. The categories and subcategories that emerged from the discourse provided support for the results of the research through a qualitative analysis, with the benefits of information triangulation.

The research was characterized by paradigmatic coherence and methodological rigor, which was supported by the process of credibility and reliability of the information typical of qualitative studies and the interpretative paradigm. This provided confidence in the approaches of Martínez (2006, 86), who stated that it is “oriented towards the level of interpretative agreement between different observations, evaluators, or judges of the same phenomenon (triangulation of researchers).”

To ensure consistency and rigor in the study's results, the research was guided by the quality of information provided by key informants. This information was organized into core categories and subcategories, facilitating the acquisition of authentic, valid, and reliable data through the triangulation technique. This approach enabled the establishment of relationships and interrelationships within the interviewees' discourses. Additionally, the research engaged with theorists and researchers as knowledgeable subjects to address the study's objectives.

Results

3.1. National legal and policy framework on the right to health

In accordance with Article 93 of the Political Constitution of Colombia 1991, regulations constitute instruments that the authorities of the judiciary may assume in the event of investigations conducted in the various courts of the country.

In this way, the social pact has established a series of rules that support the right to health services, thereby establishing the foundations for the state to promote a quality health system at the different levels and in the various areas that involve this key sector for the defense of life, as stipulated in Article 49 of the Magna Carta. Table 1 enumerates the national regulations that comprise the legal-political framework.

First and foremost, the Political Constitution serves as the primary link, stipulating in Article 49 that it is the responsibility of the State to organize, direct, and regulate the provision of health services to the inhabitants. Furthermore, it states that every person has the duty to provide comprehensive care for their health and that of their community. This grants regulatory breadth for the right to health of fellow nationals. Furthermore, Article 49 of the Magna Carta underscores the fundamental nature of these rights, which are integral to the governance of life with an overarching objective of collective protection.

Furthermore, the legal structure, which is developed through a number of legal instruments, is based on Law 100 of 1993. This law established the comprehensive social security system, which serves as a model for the management and responsibility of the State. The system is designed to ensure that every citizen can enjoy a quality of life that is a component of human dignity and that they can effectively enjoy other rights. This is achieved by ensuring access to effective and efficient health services.

Table 1. National Standards on the Right to Health

Legal Instrument	Description
Political Constitution of the Republic of Colombia	In its fundamental principles, it establishes that the State must "serve the community, promote general prosperity, and guarantee the effectiveness of the principles, rights, and duties enshrined in the Constitution (Constitutional Court, 2016, art. 2). The right to health is in Article 49.
Law 100 of 1993 (Congress of the Republic of Colombia)	A regulation that structures, organizes and promotes the functioning of the social security system in the country, based on the establishment of a number of rules and procedures so that all citizens and communities can access health services to improve the common welfare.
Law 1438 of 2011 (Congress of the Republic of Colombia)	It reforms the general system of social security in health and other provisions, in its chapter III, for the implementation of Primary Health Care (PHC), including interculturality.
Resolution 2003 of 2014, issued by the (Ministry of Health and Social Protection)	The procedures and conditions that Health Service Providers must comply with to enable services are defined and other provisions are issued.
(Congress of the Republic of Colombia, Law 1751 of 2015)	The fundamental right to health is regulated and other provisions are dictated", includes interculturality in its elements or principles.
(Ministry of Health and Social Protection, Resolution 429 of 2016)	The Comprehensive Health Care Policy (PAIS) is adopted, which includes interculturality in a transversal way in the different components of the model.

Legal Instrument	Description
(Congress of the Republic of Colombia, Law 1955 of 2019)	The National Development Plan 2018-2022 is issued. "Pact for Colombia, Pact for Equity", in the political framework of this research the implications on the right to health are contextualized.

Note: own elaboration.

3.2 The community health practices of the Awá Camawari indigenous people

3.2.1 Characterization of the AWA Camawari Indigenous People

This ethnic population is situated in the western mountain range of Colombia, specifically within the municipal territorial political entity of Ricaurte, which is part of the department of Nariño. Additionally, it encompasses 11 indigenous reservations.

It is noteworthy that these reservations are situated at a distance of 142 kilometers from the city of Pasto and 136 kilometers from the city of Tumaco. They have a total population of 15,524, which constitutes approximately 85% of the total population of the municipality of Ricaurte.

The Awá ancestral territory is situated in an area of great ecological fragility and complexity. This is due to the high level of biodiversity, the multiple interrelationships between species, and the competition between them for nutrients released from vegetation on extremely poor soils (Gentry 1988).

The Vegas Chagüi Chimbuza Reservation was established by Resolution No. 003 of 2001. Subsequently, on February 27, 2002, it was endorsed and constituted as the Chagüí Chimbuza Vegas San Antonio Reservation. The area in question constitutes 4,482 hectares, 3,018 square meters, according to the plan devised by the Colombian Institute of Agrarian Reform (INCORA). The current population of the reservation is 567 families and 1,630 community members. It is a community with a rich biodiversity, including streams, rivers, fauna, and flora. The product utilized to provide sustenance for the families is the chiro, a diminutive banana that is an indispensable component of the Awá diet.

The communities are situated in mountainous regions with considerable potential for natural resource exploitation, surrounded by jungle and tropical forests with an immense and diverse wealth of flora and fauna. The presence of multiple animals and plants are useful for their daily work, providing fundamental inputs for subsistence. Additionally, the communities have access to water supplies from rivers and streams. Eleven educational centers are distributed throughout the communities. However, there is currently no healthcare post. Furthermore, the lack of infrastructure, including roads, housing, and an aqueduct, hinders the ability to live in decent conditions within the reservation.

3.2.2 Community health practices of the Awá Camawari indigenous people.

The following section presents the most salient testimonies extracted from the protocol of the interviews of the key informants. This is done in order to synthesize the information in the categories and subcategories that supported the research. Each of these is accompanied by an analysis, interpretation, and contrast. Table 2 presents the three subcategories that emerged from the discourse of social actors on community health practices.

Table 2. Emerging Category and Subcategories for Community Health Practices

Category	Subcategories	Codification
Community Health Practices (PCS)	Traditional Medicine	MT
	Indigenous Knowers	YES
	Treatments	TT

Note: own elaboration.

Table 3 presents the testimonies of informants regarding the community practices of traditional medicine employed by the Awá people for the treatment of various diseases and ailments. These practices are based on the utilization of natural healing resources. In light of the aforementioned description, it can be corroborated by the findings of García (2021), who asserts that communities encounter significant challenges in accessing public health services. One of the identified obstacles is the lack of awareness and the cultural devaluation of their traditional healing and care practices.

Table 3. Informant information subcategory traditional medicine

Category: Community Health Practices (PCS) Subcategory: Traditional Medicine (TM)
Testimonies of informants (relevant aspects)
It can be reasonably asserted that the cures performed in this region have consistently yielded positive outcomes. As previously stated, the promotion of health is a fundamental tenet of traditional medical practice, and therefore, it is inaccurate to conclude that such approaches are inherently detrimental. In regard to the topic of health, medical professionals have historically employed a range of therapeutic techniques, including the use of herbs. Herbal remedies have been utilized by healers for centuries, and verbena is one such example. These natural remedies represent a crucial aspect of traditional healing practices. It is therefore imperative that indigenous peoples are able to access and utilize their traditional medicine, which must be protected, strengthened and recognized by the state. This is a matter of indigenous rights and a matter of indigenous peoples' own health and wellbeing. It can be stated that there are diseases which are not recognized within the Western medical system. The majority of individuals in our communities consistently seek the expertise of traditional medical practitioners, as we possess a profound understanding of how to address a multitude of ailments through the utilization of the limited flora that is native to our environment. The traditional medical practices of indigenous communities impart knowledge to younger generations on how to address and treat illnesses through the use of natural remedies. In accordance with the specific ailment, they elucidate both the theoretical and practical aspects of plant-based cures, delineating the specific plants and the manner in which they are utilized to address various diseases. It is notable that this approach does not rely on a single plant, but rather encompasses a diverse array of botanical resources. This underscores the multifaceted nature of traditional medical practices.

Note: Own elaboration.

The community health practices of the Awá people are based on medicinal traditions that utilize the potentialities and resources that nature provides, including plants, leaves, roots, herbs, animals, and other resources. These traditions employ a variety of techniques, including rituals, to prepare remedies for healing diseases. Traditional medicine is an essential component of cultural identity and acquired customs. Those who dedicate themselves to this core activity consider that the special gifts that their creator and nature itself have given them contribute to the well-being of all.

It is fitting to highlight the significant contributions of the Colombian anthropologist Virginia Gutiérrez, who identified and synthesized a vast array of traditional medicinal practices from diverse cultural traditions, including African, Hispanic, and Native American. These practices, which have been integrated into the daily lives of communities across the globe, reflect a natural and enduring connection between health and culture (Gutiérrez 1961).

In addition to providing beverages derived from medicinal plants, they utilize rituals involving baths with those same plants. They employ a range of techniques spanning multiple days and weeks to address the condition. Incense plays a pivotal role in their customs, serving as a means of mental, spiritual, and energetic cleansing.

The traditional medicine practiced by this tribal people was a consequence of the exchange of practices and ancestral cultural wealth with inhabitants of the African continent in its vast majority. Consequently, for these communities, knowledge must be transferred from urban medicine, as it is called, to that which is used in large cities to nourish their practices. This interdisciplinary and multidisciplinary exchange is necessary to adapt and evolve to current times, given that diseases, viruses, and other illnesses also evolve as systems.

These actions will ensure the articulation and exchange of ancestral knowledge, which can be documented in the internal daily practice developed in the field of medicine. This practice can contribute to scientific research based on plants with healing qualities, roots, animals, and any other input used to obtain antidotes for diseases without a cure.

In the context of community health practices, indigenous knowers are a significant factor, as well as a source of authentic and ancestral knowledge for the collective well-being of the Awá people. Consequently, in Table 4, the testimonies presented by its members are identified.

Table 4. Information on the informants subcategory indigenous knowers

Category: Community Health Practices (PCS)
Subcategory: Indigenous Knowers (SI)
Testimonies of informants (relevant aspects)
In the communities, traditional doctors occupy a pivotal role. They are the primary source of healthcare, responsible for the treatment and recovery of numerous individuals. Their contributions are of paramount importance within our territory, and it is imperative to ensure the continued support and recognition of traditional doctors.
The significance of traditional doctors lies in their unwavering commitment to this noble profession. Without their dedication, the potential for failure is greatly increased. This necessitates a substantial investment of time and dedication. Some individuals may be remiss in their caretaking responsibilities, neglecting to maintain their plants in a timely manner. This lack of attention may inadvertently allow the disease to take hold.
The role of traditional doctors is fundamental and can be compared to that of educational centers. A major is akin to a school or university, as it is a repository of knowledge. However, the only hope for the continuity of this knowledge is for the state to provide adequate support, so that it can be passed on to future generations. Without such support, this knowledge is lost.
The value that the community places on this individual is evident in the fact that when they seek his care, he is able to diagnose and treat their illnesses effectively. This demonstrates his knowledge of traditional healing practices and ability to identify and address specific health concerns.

Note: Own elaboration.

The indigenous knowers represent a fundamental pillar and the center of knowledge in the territory for the community. They possess a vast reservoir of traditional knowledge, acquired over time, pertaining to traditional (ancestral) medicine. This includes healing practices that date back millions of years and are applicable to a multitude of diseases, symptoms, and conditions. This aspect is linked to the approaches of Jamioy (2017, 65), who states that "the different forms of knowledge constitute the genesis of the identity and cultural diversity of indigenous groups that continue to enrich the intellectual development of humanity."

The indigenous scholars, in their capacity as traditional doctors, combat the ailments of their population primarily through the use of herbs, plants, and roots with medicinal components that serve for the treatment of different ailments, pains, and diseases. Their approach is grounded in traditional ancestral medicine, which is based on the empirical knowledge cultivated by these communities over time. This group of indigenous scholars (traditional doctors, midwives, healers, sobadores, and other areas of empirical specialty) disseminate knowledge to reinforce this authentic source of information, consistently for the benefit of all its inhabitants.

In this regard, he reveals (Jamioy 2017, 66) that indigenous communities recognize elders who are knowledgeable about traditional culture as their spokespersons and consider their advice, opinions, and recommendations to be authoritative.

These individuals possess a wealth of ancestral knowledge, acquired from their ancestors in various domains of life. This endows them with advanced capabilities to address a multitude of complex issues within the community. Their expertise serves as a valuable repository of knowledge, and they play a pivotal role in internal relationships, primarily by alleviating the effects of health concerns and addressing the suffering caused by evil spirits, which are deeply embedded in the community's cultural identity.

Table 5 presents a compilation of testimonies regarding the therapeutic modalities employed within the community through traditional medicine.

Table 5. Information from informants subcategory treatments

Category: Community Health Practices (PCS) Subcategory: Treatments (TT)
Testimonies of informants (relevant aspects)
On the subject that, for example, have to do with stomach pains, there are quite a few medicinal plants, for fevers there are also some, and especially for the typical cases that we have in the community, that fright, that bad air (...). (…) For example, regarding the pandemic, have you heard what plants are being taken within the territory? Interviewee: Yes, well, you hear that they take eucalyptus, chamomile, there is also what is the mouse killer, the lemon that is something fundamental in our territory that we do not lack, so panela, then, all those things have been what have helped us to strengthen ourselves and to fight it. At least, there are midwives, those who cure injuries, who cure many diseases that exist in the community; but the first thing is to attend by the traditional doctor for about 3 or 4 days, depending on the disease; either for a herb or something in general, and then if the traditional doctor refers him because he cannot follow the treatment or the patient does not have any progress according to what the traditional doctor is giving him. Yes, it also depends on the disease. To say something, if it is the chutún, then the traditional doctor gathers the herbs or leaves of the different plants for treatment and then they make baths, you have to dedicate to it, if it is chutún, up to a week you have to be there cleaning it, the baths, and then prepare the necessary products to take it to the river or to a stream, and that's where the incense is made (...).

Note: own elaboration.

It is noteworthy that the relevant extract of the discourses of the social actors on the subcategory treatments pertains to all inputs and resources employed to combat diseases and ailments, with a particular reliance on plants. This bears resemblance to the practices utilized by inhabitants of the Old Continent (the Nordics) many centuries ago. In order to treat those who had been affected by battles in order to gain control of the territory, the leaves and roots of trees were used as they contained medicinal components that could relieve the afflicted. Over time, however, these were overcome.

The Development Plan of the Municipality of Ricaurte (2020-2023) highlights the significance of traditional medicine practices, particularly the treatments employed by indigenous scholars. These practices address common ailments, such as bad wind, stone peeking, and chutun, among others. They are rooted in the customs and traditions of the ethnic population and utilize medicinal plants as a key element.

In conjunction with the aforementioned treatments, which are based on the medicinal properties of the leaves, roots, and other plant parts, the preparation of drinks from these ingredients is also a common practice. These drinks are consumed with the intention of combating the ailment or affecting, and in many cases, when the patient has not improved, the procedure is elevated to a more spiritual and ritualistic level. This involves baths that are conducted over specific periods to monitor progress, and which are complemented with incense sticks. The use of incense is believed to facilitate a deep cleansing of the soul, of negative energies, and to ensure spiritual protection.

It is therefore unsurprising that members of these communities place considerable trust in the efficacy of the treatments practiced by indigenous scholars, traditional doctors, midwives and healers. This trust is founded upon the accumulated knowledge of generations of practitioners, which has been developed in conjunction with spiritual beliefs. Indeed, the philosophical traditions of ancient civilizations similarly sought to understand the sources of knowledge, reason, intuition and experience. It is evident that these sources have also nourished the capacities of ancestral peoples in different ways.

3.2.3 Community health in the Awá indigenous people

This section presents a summary of the two categories and their respective subcategories, which pertain to certain aspects of community health. The category in question is as follows: The category of Administrative Management of Indigenous Health (GASI) gave rise to the subcategories of government support and public policies. In contrast, the category of Community Health (CS) gave rise to the subcategories of health programs and the differential health model. These findings are detailed in Table 6.

Table 6. Summary of informant information from the 4 subcategories

Subcategory	Testimonies of informants (relevant aspects)
Government Support	Look, here it has been difficult, the health issue in the municipality, in addition to being bad it is difficult, for what reason, because they are taking it as a business and that is the sad reality because here the little that is seen, the attention is not very good. (…) The contribution that these institutions make is very low because they

Subcategory	Testimonies of informants (relevant aspects)
	focus more on the hospital center, which is the one here in the municipal capital, so the reservations are always far away, so it almost doesn't reach there.
Public Policies	Well, within the territories there is no program that has been working with the indigenous communities, by the Local Directorate of Health or the ESE, they always work is out here, in the municipal capital, sometimes when I think there is a requirement that they need, they meet with the indigenous communities and they do an event there and that, but not for the rest, the indigenous communities almost little.
Health Programs	(…) The health brigades go to certain points, for example, if they have to walk three hours, four hours to get to a concentration site so that indigenous people can see themselves there, then it is hard for a person who is sick and has to go there (...).
Differential Health Model	Well, one of the strategies on the part of the organization with a differential approach has not been had because the organization does not have an indigenous IPS, since the IPS is from the Ricaurte municipality, since it has not been possible to implement it, so that the community members of the reservations associated with the Camawari organization can have attention with a differential approach

Note: own elaboration.

With regard to the provision of government support for this ethnic population, it is evident that there is a paucity of resources allocated to the provision of health services in these territories. This is due to the fact that the authorities have concentrated their efforts in urban centers, a strategy that is in alignment with the arguments put forth by Sánchez (2019). In their study, Sánchez revealed that there has been a dearth of intervention by government authorities in indigenous populations with regard to the delivery of basic health services. Access is constrained or unavailable.

The implementation of health programs as a public policy is more prevalent in the urban areas of Ricaurte municipality. However, these programs are not extended to the territories and communities of the Awá indigenous population, which indicates significant challenges and deficiencies in the provision of health services. This suggests that a comprehensive public policy addressing the infrastructure deficiencies, including the construction of health centers and other essential services, has yet to be developed. However, the Departmental Institute of Health of Nariño (2020) asserts that government authorities are collaborating with other institutions to ensure the right to health through a differential approach.

The efforts of government authorities to provide institutional support are significant, as they facilitate the delivery of health care services. These services, however, are not of the quality that the informants expect. It is challenging for local and departmental authorities to mobilize logistics, resources, and capacities to isolated areas, where access is also constrained by the lack of an optimal road system.

These speeches illustrate the ongoing challenge of implementing a differential health model, which remains largely unrealized for many, and is hindered by various factors, including the bureaucratization of political institutions, which impedes progress.

3.2.4 Health care in the Awá indigenous people

In accordance with the right to petition, the Departmental Health Institute of Nariño (2020) presented a report on the access and coverage of health services for the Awá people, as illustrated in Table 7. This table depicts the present situation regarding the fulfillment of these rights.

Table 7. Health coverage of the municipality of Ricaurte (Awá people)

Regime	Number of affiliates
Contribution	805
Subsidiary	18.263
Exceptions and specials	373
Total, affiliates	19.441

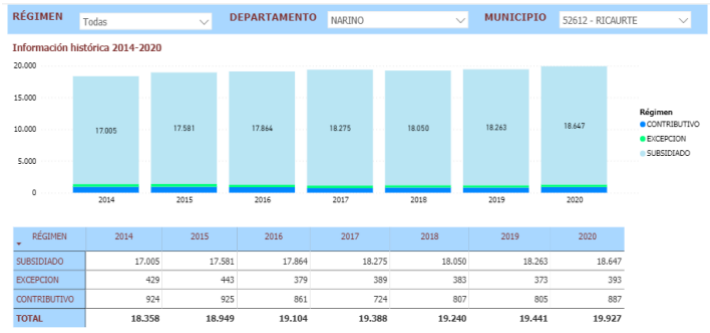
Note: Taken from the Departmental Institute of Health of Nariño. Obtained from the right of petition signed with official letter No. SSP-2000483520 of October 19, 2020, 2021.

Similarly, in the right to petition of the Mayor's Office of the Municipality of Ricaurte (2021), he addressed the situation of access and coverage to health of the Awá Camawari people. Currently, at the municipal level, the following coverage is available with a cut-off date until December 2020, and which is not discriminated by ethnic group, as illustrated in the following table. Beyond these statistical figures, the Departmental Institute of Health of Nariño, in its right to petition document regarding health strategies based on a differential approach, stated that:

From the subdirectorate of public health and the health component to ethnic populations, based on intersectoral articulation processes with the Ministry of Health and Social Protection MSPS, it was achieved through Resolution 5264 of 2017 and Resolution 1173 of May 21, 2019, to grant the Camawari Organization, One hundred million pesos ($ 100,000,000) 50,000,000 for each resolution for the formulation and implementation of the creation of the SISPI's own and intercultural health model. (Departmental Health Institute of Nariño 2020, 2)

This government initiative represents a significant advancement in the development of a public policy that benefits indigenous peoples. It provides resources to facilitate the creation of a health model with a differential approach, which, according to the discourse of the social and institutional actors of the Awá people, is a gradual process that requires greater speed. Table 8 illustrates the extent of health coverage in this municipality.

Table 8. Health coverage of the municipality of Ricaurte (Awá people), period 2014-2020



RÉGIMEN	2014	2015	2016	2017	2018	2019	2020
SUBSIDIADO	17.005	17.581	17.864	18.275	18.050	18.263	18.647
EXCEPCION	429	443	379	389	383	373	393
CONTRIBUTIVO	924	925	861	724	807	805	887
TOTAL	18.358	18.949	19.104	19.388	19.240	19.441	19.927

Note: Taken from the Ministry of Health of the municipality of Ricaurte. Obtained from the right of petition signed with official letter No. DLAS-055-2021 of February 12, 2021, 2021.

The implementation of the differential approach, which is embedded in its own health model, has made only tentative progress in the management of indigenous communities. Greater efforts are required from the actors and sectors involved, as the issue is not solely the responsibility of the health authorities. Rather, it is a matter that concerns the entire public system, road infrastructure, basic services (electricity, drinking water, etc.), communications, education, and many others. Only through collective action can we hope to effect meaningful change. The primary concerns articulated by the social and institutional actors of the Awá indigenous population are as follows:

1. A dearth of resources and support for investment in health infrastructure, equipment, medicines, and personnel to improve the well-being of residents in the area, particularly given the difficulties of travel and the sporadic nature of medical services.

2. The lack of appropriate roads to enter the territory hinders the provision of essential services, including healthcare, emergency response, and other related activities. As the authorities of the Departmental Institute of Health of Nariño indicate in the right to petition signed on October 19, 2020, "they are situated in remote areas of the urban zone, which impedes their ability to access medical care".

3. The absence of suitable access routes to the territory impedes the delivery of fundamental services, including healthcare, emergency response, and other related activities. As indicated in the petition signed by the authorities of the Departmental Institute of Health of Nariño on October 19, 2020, the facilities are situated in remote areas of the urban zone, which impedes their ability to access medical care.

4. The absence of cellular telephone service impedes the dissemination of information from remote communities in the event of an emergency or health crisis.

5. The Departmental Health Institute of Nariño (2020) asserts that the indigenous population of the Camawari organization, due to its remote location, impedes the provision of healthcare services. Additionally, the institute identifies the presence of illicit groups in the region as a further impediment to healthcare access.

3.3 Routes in terms of rights and justice, to guarantee the right to community health in the Awá Camawari indigenous people.

3.3.1 Exchange of knowledge on the health practices of the Awá indigenous people.

In response to inquiries regarding the various community practices employed in healthcare activities, the indigenous experts of the Awá people provided the following information:

- Healing practices: Healers who develop rituals with various medicinal herbs may utilize them to treat a variety of ailments. For instance, in the case of a disease such as chutún, the herbs may be employed to address symptoms associated with the disease, such as fever, nausea, and vomiting. Similarly, in the context of stone scouting or bandage, which are used to treat injuries or fractures in the bones, the herbs may be utilized to address the specific injuries or fractures.

Additionally, there are plants such as paico, pennyroyal, and chamomile de monte that are used to address specific diseases or symptoms. Each of these plants has a distinct procedure for use.

- Midwives: They provide care to women in the gestational stage, delivering services directly in their homes.

- Sobadores: they use the mama juana that are used for swelling.

- Treatments with medicinal plants: The utilization of herbal remedies is a common practice among traditional medical practitioners, particularly in the context of addressing patient symptoms. These remedies encompass a diverse range of botanical ingredients, including eucalyptus, chamomile, pennyroyal, lemon, tobacco, turmeric, mint, and parsley. Additionally, brandy is employed as a solvent in the preparation of these remedies.

- Visits by promoters: The objective is to visit different communities with the intention of addressing issues pertaining to family planning, vaccinations, and other diagnostic activities.

In the life plan of the Awá people, developed by the Cabildo Mayor Awá de Ricaurte (2002), it is stated that diseases derived from beliefs in evil spirits emerged, such as chutún, enduendada, ojeado de vieja, malaire, among others. These were treated by traditional doctors with medicinal plants.

It is noteworthy that the Colombian anthropologist Virginia Gutiérrez de Pineda proposed an intriguing hypothesis in the middle of the twentieth century in her essay, "The Colombian Rural Country." She recounted the long-standing community practices that have materialized in the Department of Nariño. The belief in the evil eye has become widely held among the population, with mothers of newborns avoiding direct gaze from outsiders, as it is believed to cause illness. This is an example of magical beliefs (Gutiérrez 1959).

These practices must be incorporated into the differential community health model that has been initiated, which, according to the discourses of the actors, institutions, and social agents within the community, has made minimal progress.

3.3.2 Rapprochement between the different entities linked to health and the Awá indigenous people, through different protection mechanisms to establish alliances

In accordance with the principle of coordination established in Article 288 of the Colombian Magna Carta, the various territorial levels of government—national, departmental, and municipal—must be aligned. Additionally, Article 246 of the aforementioned text grants legitimacy of origin to the authorities of the indigenous peoples as part of the Nation State.

In light of the aforementioned considerations, it becomes imperative to devise strategies that would recognize and promote community health. This process has encountered significant challenges, particularly in terms of access and transportation routes. The lack of government support, inadequate public policies, and the absence of advancement in the differential health model are among the key shortcomings that require immediate attention.

The limited support provided to the various Awá communities is largely contingent upon the periodic implementation of health brigades, which are designed to address a range of health

services. However, these initiatives are not a systematic approach, which ultimately undermines the ability to provide continuous care to the communities. As a result, the data collected is largely descriptive in nature, rather than providing insights into the actual state of health within these communities.

In light of the aforementioned considerations, this research proposes a series of strategies to be pursued by the relevant institutional and social actors at the national and subnational levels with a view to advancing towards protection mechanisms that guarantee the provision of medical services. These mechanisms require a process of articulation and interterritorial collaboration. Furthermore, they must be designed at the inter-institutional and intersectoral levels with a view to ensuring the implementation of effective public policies in all areas inherent to community health.

The right to health is an inalienable human right. It is the duty of the authorities, constituted with the inhabitants as co-participants in public policies, to build effective and efficient solutions that reduce the gaps, shortcomings, or problems that arise in the territories. This study aims to contribute to that goal.

In its 2020 report, the Inter-American Commission on Human Rights (IACHR) called on member states to address the significant health risks facing indigenous populations and to implement urgent measures to safeguard the right to health of these communities. Consequently, this multilateral entity persists in its efforts to persuade the authorities of the states to intensify their commitment to ensuring the fulfillment of this fundamental human right.

Table 9 pertains to the coordination between the national, subnational, and indigenous peoples' authorities, which is based on the normative structure stipulated in the Constitution of the Republic. This is done to ensure a process of governance for these institutional and social actors as part of Colombian society. It is essential that they join together to achieve the common welfare, which entails meeting the needs of the population and promoting coexistence.

Table 9. Strategic alliances

Institutions / bodies	Action	Strategic alliance
Ministry of Health and Social Protection. Government of the Department of Nariño (Institute of Health) Mayor's Office of the Municipality of Ricaurte (Ministry of Health) Cabildo Mayor Awá (Governor)	Interterritorial, intersectoral and interinstitutional	Design a comprehensive plan, based on the cross-cutting action of the country's Development Plan "Pact for Equal Opportunities for Ethnic Groups"; with national, departmental, local and territorial and sectoral community scope in phases or stages to undertake investments in health, for indigenous peoples, including articulation with the areas of infrastructure, transport, public services and other related areas.

Note: own elaboration.

Therefore, within the strategies necessary to achieve a series of protection mechanisms, it is recommended:

- Technical Interdisciplinary and Multidisciplinary Working Group: The objective is to establish technical roundtables for interterritorial, intersectoral, and interinstitutional

coordination between the authorities that converge in the Nariño department with the Awá indigenous people. These roundtables will be composed of interdisciplinary and multidisciplinary work teams in the areas of public health, infrastructure, transportation, basic services, education, and other related areas. The purpose of these roundtables is to design public policies through plans, programs, projects, and works of collective interest related to access to community health care services. These policies will be validated with monitoring, control, and evaluation tools established in the National, Departmental, and Municipal Development Plan.

- Working group within the Awá Camawari people: These spaces are fundamental to the functioning of the territory's communities. They facilitate the collection of data on health issues and other pertinent matters, enabling a consensus diagnosis among all relevant stakeholders, including the governor, health councilor, traditional doctors, promoters, healers, sobadores, and other knowledgeable individuals. This data and information is then presented to the interdisciplinary and multidisciplinary technical table for analysis and discussion.

- Actively incorporate all the communities of the reservation in the different activities that will be carried out with the working groups within the Awá people, on the theme of community health to promote integration, commitment, resources and capacities as main recipients and co-participants of public policies.

- Promote the construction and/or strengthening of a database for the management of statistics on the number of patients with diseases, access to services, level of satisfaction, resources programmed, approved, and executed, equipment, professionals, infrastructure, endowment, medicines, and other aspects to move towards the differential community health model.

Conclusions

In order to address the health issues affecting their community, the indigenous Awá people employ traditional medicine as a long-standing practice rooted in empirical knowledge. They utilize a range of herbs, plants, and roots as medicinal ingredients to develop remedies for various ailments, pains, and diseases. In this context, the indigenous knowledgeable individuals within the community play a pivotal role. Traditional doctors, including midwives, healers, and sobadores, utilize rituals involving baths and incense sticks to facilitate spiritual and energetic cleansing, drawing upon their own customs and traditions.

The community health practices of the Awá people are based on medicinal traditions that draw on the full range of potentialities and resources provided by nature. These practices constitute a core factor of the cultural identity and acquired customs of the Awá people.

The findings revealed significant challenges and structural deficiencies in the accessibility of health services within these native populations. The lack of a road system, which has resulted in considerable difficulties for inhabitants, represents a particularly salient issue. A dearth of medical supplies to treat complex diseases persists, where traditional medicine has been unable to contribute to the improvement of these inhabitants with a complicated pathology. The lack of support from government authorities has resulted in the differential health model, which is in the process of being built, making little progress due to a number of difficulties. These include a lack

of investment and the approval of few financial resources for the development of comprehensive public policies that could have a significant impact on reducing the gaps in the problems themselves.

It is therefore crucial to establish interterritorial, intersectoral, and interinstitutional strategic alliances with an interdisciplinary and multidisciplinary approach, involving national (Ministry of Health), departmental (Governor's Office), and municipal (Mayor's Office) government actors, as well as representatives of these groups (Cabildo Mayor Awá). In order to collaboratively develop a comprehensive plan that is aligned with the cross-cutting objectives of the country's Development Plan, "Pact for Equal Opportunities for Ethnic Groups," it is imperative to address the significant challenges, shortcomings, and weaknesses in health services as an inalienable human right with the utmost urgency.

Despite the efforts of the authorities, there is still a significant amount of work to be done to develop public policies with a more comprehensive and integrated approach. This is not only in terms of health, but also with regard to the infrastructure of the road system, which is a prerequisite for the construction of a health center with different services for these ethnic groups.

Consequently, strategies based on the collaborative principle should be formulated, such as: An interdisciplinary and multidisciplinary technical working group; a working group within the Awá Camawari people to promote the construction and/or strengthening of a database for the management of statistics; these actions seek to advance more effectively and efficiently towards a differential community health model that modifies the status quo in which it is immersed. It is understood that only by knowing in depth the community health practices that they carry out within their communities can the right to plural health be guaranteed. This will result in the transformation of the realities that ensure the inexorable human rights of these fellow nationals who are members of the strata of Colombian society.

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