

Working Session
National Consultation in Panama
on the Global Strategy for Health of Women, Children and Adolescents 2.0

Thursday, March 26, 2015
UNFPA Panama Office, 3 to 5pm

List of Participants

Facilitator: Carla Rivera, LAC Focal Point, GTR

1. Emma Puig, Asesora en Genero, Plan Internacional Oficina Regional para America Latina
2. Martha Icaza, Asesora de Programas, UNFPA
3. Paul Woods, Enfermero Gineco-Obstetra, Hospital de Obaldia/Prof. (via skype)
4. Ana de Obaldia, Project Coordinator, UNFPA (via skype)
5. Yoira Gaitan, (via skype)

Overview

This session was hosted by UNFPA Panama Country Office in Panama City. The facilitator gave a 10 min minute presentation about the regional and global context of the Global Strategy and a brief update about the post 2015 process , providing a background for participants who were not familiar and wanted to become more involved. The website and all the information available was presented to inform participants about how they can become involved in the update.

In Panama, in a country with 7 different indigenous groups living throughout the Panamanian territory, the discussion was centered on the importance of ensuring that issues related intercultural health and rights should be addressed in the update of the Global Strategy . Participants were concerned about how often times the discussions that take place at the government and high-political level do not take into consideration the priorities, needs and perspectives of the different vulnerable (including indigenous) groups.

Panama is a middle income country with MMR and indicators that mask the reality of the indigenous communities. Of the different ethnic group within the country, each one in and of itself has different concerns, facing different problems related for example to access to health facilities (i.e. Gunas are by sea, Ngobes by land) as they live in totally different areas and speak different dialects.

LEADERSHIP

A national political strategy is needed to reach out to the indigenous communities, including in rural areas. Most policies are designed for the city of Panama. Efforts and commitment is needed to adapt legislation to other communities as they have different perspectives and needs. There are protocols within health regulations that do not take into account the internal realities that

these communities face. The issue of multiculturalism has not reached yet the adequate political level of decision makers who have a very western perspective which is very centralized. Increased participation of indigenous and particularly indigenous women at the community level should be encouraged.

Even in countries where multiculturalism is addressed, often times it has not been easy to implement policies due to pressure from different interest groups (i.e. pharmacists, doctors). Many norms , guidelines and laws that are approved limit access to medicines or prescriptions in remote areas where doctors/pharmacists are not available, thus denying much needed supplies to local indigenous women.

HEALTH SYSTEM STRENGTHENING

This is essential. Policy makers should look for weaknesses, assess the experiences that did not work globally (including their weaknesses) in order to adapt and identify strategies. It is difficult to reduce maternal mortality without an adequate system-wide investment in sound health systems, especially at the primary level. In Panama the system is focused on morbidity not in preventive health services. Priorities should be given to improve the quality of health services, infrastructure, human resources and strengthen community health service delivery.

ADOLESCENTS

In Panama there is a tremendous need for adequate SRH information. Young people need to be empowered with sex education in private and public schools, as the country and our region has one of the highest teen pregnancy rates. Also in terms of gender-based violence, education needs to address this problem

Early marriages is an issue but not as pressing as other regions. However access to RH services needs to be facilitated for adolescents. The issue of consent is a problem in the legislation.

HEALTH INFLUENCING SECTORS

- Political and economic participation of women
- Violence (especially gender violence)
- Education
- Water, Sanitation and Hygiene
- Environmental pollution
- Food security

INNOVATION

Technology requires much greater innovation. Innovation should focus on obstetric emergencies where it has the most impact because of the indigenous population. State policies are not designed by technical people with real knowledge, these are designed by politicians who do not understand the needs, this is a problem.

HUMAN RIGHTS

Multiculturalism within a human rights framework is needed, particularly considering the multi-cultural diversity that exists. In this respect, the issues of poor communication and language barriers have been a problem within the health system. The patient has the right to be treated with respect in their language and the health staff needs to understand this. Lack of access (opening hours, distances, costs) is also a problem as is the inadequate infrastructure.

HUMANITARIAN SETTINGS

Governments should work on improving the statistical systems at the local level, and agility when disasters occur. It has been an issue to identify the needs within the more dispersed populations during times of emergency disasters.

FINANCING

The State should ensure that there is accountability for health spending. Citizens should be empowered to hold their government accountable for funding and spending in RMNAH. Also Governments should comply with the international obligations they have signed onto.

MONITORING AND ACCOUNTABILITY

Ensure transparency and use information for decision-making in developing of indicators.

GFF

Participants had no information about this and were unable to answer adequately. However, overall they felt that it is urgent to develop this structure to take into account the difficulties in financing these issue in Latin America, where most donor countries have left , and the region continues to face tremendous constraints.

KEY RECOMMENDATIONS:

- Political participation of local community leaders, particularly women, in the design and development of RMNAH programs
- Inclusion of multicultural perspective in the design of the RMNAH policies and programs
- Strengthen the health system sectors at primary level with preventive services, reaching out to rural and isolated areas
- Training of health staff in multicultural and sensitive treatment considering the indigenous and traditional practices
- More funding for primary health level health systems

