

# ACHIEVING HEALTH EQUITY FOR INDIGENOUS POPULATIONS AT RISK OF TRACHOMA IN THE AMAZON

September 2023

Special populations, including refugees, internally displaced persons, indigenous and nomadic communities, vary significantly in terms of their cultural practices, spoken languages, and socioeconomic and political status. However, many special populations share common challenges in accessing eye health services, including interventions for trachoma, the world's leading infectious cause of blindness. This case study presents experiences from Colombia to improve access to trachoma interventions for indigenous populations living in the Amazon.

## THE MAKÚ AND TRACHOMA

In Colombia, various indigenous ethnic groups, including the Jupdá Makú, Yujup Makú, and Cacua Makú, reside within the Amazon basin, their ancestral territory. These groups traverse the jungle in seasonal cycles. Collectively known as the Makú, they comprise an estimated population of 281 individuals and face a looming risk of both cultural and physical extinction. This peril is partially a consequence of other indigenous tribes deeming them to be of a lower caste, thereby consigning them to inhabit the most adverse, flood-prone regions adjacent to small streams or deep within the jungle.

Compounding the challenges faced by the Makú is their increased risk of trachoma, as a result of various geographical, socioeconomic, and cultural risk factors. Among these factors are inadequate access to basic services to prevent trachoma, such as health education, safe water and sanitation, and limited access to health care services.

Traditional beliefs and practices can also interfere with the delivery of eye care. For example, the Makú believe that trachomatous trichiasis (TT), an advanced stage of trachoma that can lead to vision impairment and blindness if untreated, arises from consuming mojojoy - the larvae of palm beetles. According to their belief, larvae hairs grow within the eyelids, subsequently inflicting damage upon the eye's cornea. In other communities, traditional healers use a resin from the caraña tree as a wax to remove eyelashes. This form of epilation offers relief from the pain of eyelashes scraping against the cornea, but can cause skin lacerations.

## THE PROGRAM

To address these and other health challenges, Colombia's Ministry of Health and Social Protection prioritized indigenous communities in the planning and implementation of its national trachoma program from 2011–2018, with the objective of guaranteeing effective access to SAFE strategy interventions (surgery, antibiotics, facial cleanliness, environmental improvement) through a rights-based and intercultural approach.



Photo credit: Ministry of Health and Social Protection, Colombia

## AT A GLANCE KEY LESSONS

- ✓ Community engagement is crucial to build trust and improve the uptake of interventions.
- ✓ Integrated approaches can vastly improve health outcomes and reduce costs of interventions.
- ✓ Delivering trachoma interventions requires the coordination of multiple stakeholders and multiple finance sources.
- ✓ Colombia's people-centered and rights-based approach to health care has increased access and participation in health services for indigenous communities



To achieve its objectives, the Ministry of Health and Social Protection coordinated annual visits to settlements where the Makú groups live or travel to, assessing them for trachoma by external eye examination. People with TT were offered a transfer to Mitú, the capital of Vaupés, for assessment and corrective treatment. This was carried out by specialists using the bilamellar tarsal rotation technique. All transfers, accommodation, food, and medical treatment were provided by the health authorities with support from the Pan American Health Organization (PAHO).

The Ministry also held annual meetings, bringing together program teams and indigenous communities to identify goals, build trust, and improve knowledge about trachoma. In the Vaupés region, for example, local authorities, with the guidance of the Ministry of Health and Social Protection, worked with leaders, traditional authorities, and communities to identify nomadic people and those living in settlements who had TT, to provide health education, and to distribute antibiotics.

Throughout the program, efforts were made to ensure that interventions were culturally appropriate. All information was translated from Spanish to Tukano and Yujup. Health workers collaborated with traditional healers who perform rituals that are culturally important to the indigenous communities. This helped to increase acceptance of interventions and participation in the trachoma program. To increase efficiency, health workers also provided education and treatment for other health issues, such as soil-transmitted helminths, tuberculosis and malnutrition. People with pterygium were offered treatment or referred to a health center in Bogotá, the capital of Colombia, for specialized treatment. After TT cases were operated on, patients received postoperative evaluation in the same health center 24 hours after the surgery and one week before returning to their communities of origin.

## PARTNERS

TT case finding activities were planned by the Vaupés State Health Secretariat, while surgical outreach campaigns were organized by the Ministry of Health and Social Protection, in collaboration with the Higher School of Ophthalmology of the Barraquer Institute of America, with whom the other participating professionals and institutions were linked. The work schedule and the purchase of materials and supplies required were planned four months in advance. To build trust between the TT patients and the local health workers and to incentivize participation in the TT surgery camp, some goods were donated by the Colombian Society of Ophthalmology to TT patients and their companions, including clothing, work tools, fishhooks, battery-powered flashlights, salt, and rubber boots.

Trachoma interventions for indigenous populations in Colombia were financed from several sources, including domestic funding from the health system to support public health interventions and funding from health insurance companies to support individual care provided by local hospitals. These were supported by donated resources from the Colombian Society of Ophthalmology, and the Barraquer Clinic. The program also received financial support from the Pan-American Health Organization.

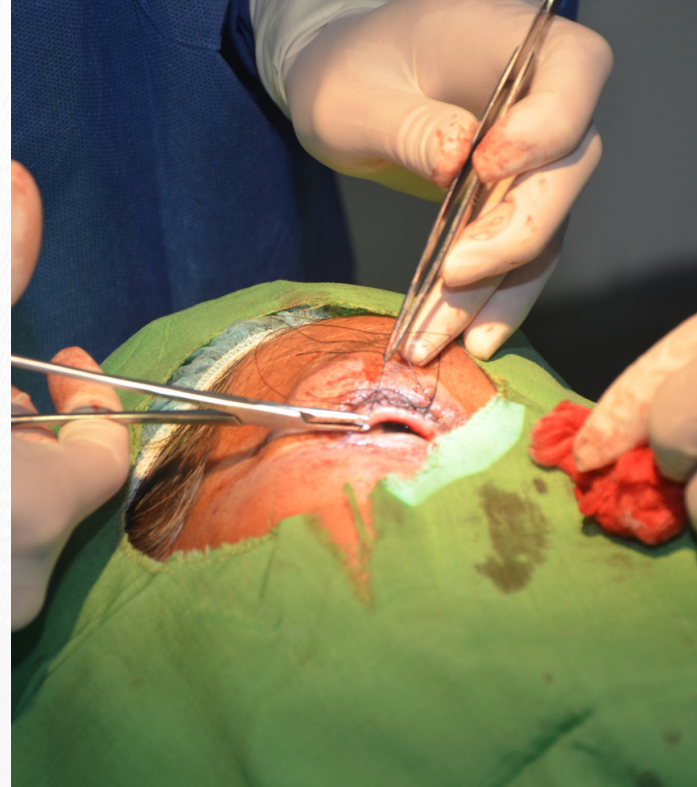


Photo credit: Ministry of Health and Social Protection, Colombia

## CONCLUSION

Colombia's people-centered and rights-based approach to health care has increased access and participation in health services for some indigenous communities. Lessons from the program will help to shape future activities and scalability to reach at risk indigenous and mobile communities in Colombia. The program has resumed activities suspended during the COVID-19 pandemic. Research is being planned that will generate evidence about access, barriers, and the role of trainers in delivering trachoma programs in the Amazon region.

Colombia adheres to the Regional Policy on Ethnicity and Health, adopted by PAHO Member States in September 2017, which commits it to developing inclusive and collaborative solutions, adapted to the social, cultural, and geographic context, and to address health gaps, including interventions for neglected tropical diseases and eye health, in indigenous communities. Going forward, the national trachoma program requires increased involvement by all stakeholders, support and funding to provide health services to those communities, and improvements in the access to (and use of) water and sanitation to achieve health targets, including the elimination of trachoma as a public health problem.

*This case study was developed by the International Coalition for Trachoma Control Special Populations Task Team with support from the Ministry of Health and Social Protection, Colombia. For more information contact [trachomacoalition@gmail.com](mailto:trachomacoalition@gmail.com).*