

How to Use this Resource

This resource provides background on the mobilization of community as an approach to health equity within Latin America and the Caribbean. Use this resource to understand the foundational concepts and strategies for implementing mobilization practices in your health equity work.

For more context on mobilization and health equity

To get the most out of this resource, Partners for Advancing Health Equity (P4HE Collaborative) recommends reviewing the level-setting resources provided to participants during this workshop sprint, listed in the text box below. For practical applications of the lessons shared during this workshop series see [Moving to Action: Mobilization of Community for Health in Latin America and the Caribbean](#).

Level Setting

New to the history of mobilization for health equity in Latin America and the Caribbean? Below are level setting resources recommended by the workshop facilitators.

Read

- › [The Language, Dance, and Music of the Garifuna](#)
- › [Combating Precariousness in Brazil's Unified Health System](#)
- › [Argentina Conducts Census of its Afro Community for the First Time](#)

Listen

- › [Garifuna Sistas Talk Spirituality Podcast Series](#)

Watch

- › [A Story About the Garifuna Documentary](#)
- › [6ª Caminhada Tembwa Ngeemba - Tempo de Paz](#)
- › [Afro-descendants and Legal Rights in Argentina: Intersectional Activism](#)

Looking for resources in Spanish or Portuguese?

- › Vea nuestro documento de enfoques en español
- › Veja nosso documento de abordagens em português

Workshop Focus

The Partners for Advancing Health Equity (P4HE Collaborative) hosted a three-series workshop sprint on Mobilization of Community for Health in Latin America and the Caribbean. Through a cultural anthropology lens, the series focused on engagement and mobilization to showcase efforts and strategies to support community engagement as a tool of public health practice.

› **Session 1** speakers introduced the concept of engaging communities to drive health outcomes by sharing case studies on the Garifuna communities in Honduras, Nicaragua, and those living in New York City and around the world. Mirtha Colón and Alfredo González led the session.

› **Session 2** speakers outlined how Candomblé practices in Brazil were formally recognized nationally by the Brazilian healthcare system. This outcome serves as an example of how community engagement can advance public health and equity. Sueli Conceição and Cláudia Santos Malenduka led the session.

› **Session 3** speakers examined the history of Afro-Argentine descendants and their recognition in the census of Argentina as an example of community engagement to improve public health. Carlos Álvarez Nazareno and Lucía Dominga Molina Sandez led the session.



Moving to Action

Below is a summary of the three sessions which explored community mobilization for health in Latin America and the Caribbean.

What is the role of mobilization in health?

The role of mobilization in health is multifaceted and crucial for improving health outcomes, particularly in marginalized communities. Mobilization can create new groups or formal organizations that unite individuals with shared interests, fostering a sense of community and collective action. Mobilization connects people, and the resulting [social support is a key determinant of health](#). Without mobilization, certain groups may remain invisible, lacking a voice in policy-making processes and, consequently, facing unaddressed health disparities.

Historical Context: Mobilization and Health Equity in Latin America and the Caribbean

History of the Garifuna People

The Garifuna are an Afro-Indigenous community with origins in Saint Vincent and the Grenadines, which were originally populated by Carib people who arrived on the islands [circa 1000 a.d.](#) Africans first arrived on the islands when ships that carried kidnapped people as part of the Transatlantic Slave Trade were wrecked in the Caribbean. The Africans swam to shore and established roots with the Arawak people. This led to the development of a new cultural identity: Garifuna. The Garifuna are considered a transnational community due to their connections across borders and multifaceted cultural identities. Today, Garifuna reside in many countries, with large population concentrations in Central America, New York City, Miami, and Los Angeles.

› Mobilizing for Health Care Access

In Garifuna culture, community health directly impacts individual health. Historically, the Garifuna have faced significant challenges in accessing health care due to systemic racism. However, the mobilization of the Garifuna community has been a crucial solution to these challenges. Through organized efforts, they have advocated for HIV testing and treatment, and broader health care access.

History of the Candomblé in Brazil

Many Africans that were trafficked in the Transatlantic Slave Trade were brought to Brazil, which resulted in a strong Yoruba influence in Brazilian culture. The Candomblé religion began in Brazil during this period through the syncretism of indigenous beliefs, African religion, and Catholicism. The Candomblé religion was a strategy of survival and resilience for enslaved Africans and was a means of staying connected to their ancestry. Brazil is home to the Amazon rainforest, and Candomblé beliefs emphasize connection with nature and derivation of medicines from the natural environment. Brazil is moving towards recognizing Candomblé healthcare practices and other indigenous health traditions as part of the Brazilian national health system.



› **Advocating for Cultural Health**

The Candomblé approach to health begins with an understanding that humans exist to be connected to natural elements. In Candomblé culture, health is considered not just the absence of physical sickness but also mental health, social health, and culture wellbeing. Candomblé practitioners offer religious assistance to people in jails or in hospitals. They emphasize social bonds, eating well, time with plants and animals, and biomedicine in concert with traditional healing. More recently, Candomblé advocates have begun to share insights with nurses, doctors, psychologists, and social workers to integrate cultural health training with their formal medical training.

History of Afro-Descendants in Argentina

In contrast to ideology around race in the United States, African descendants in Argentina were gradually *included* in “whiteness,” leading to the myth that there were no Black people in Argentine society. At the national level, for many years there was no public health monitoring of ethnicity or race. In response to pressure from Afro-descendant activists, the question “Do you recognize yourself as being of African descent or do you have Black or African ancestors?” was reintroduced on the Argentine census in 2022 (after a pilot census in 2010 in which the question appeared on some census forms).

› **Addressing Health through the Census**

Afro-Argentines receive health care through Argentina’s national health system, which is composed of the public sector, social security, and the private health sector. When receiving health services in Argentina, health care providers do not always collect data on race or ethnicity. Because race and ethnicity are not being measured, no specific attention is paid to the unique needs of Afro-Argentines, leaving potential disparities unknown and unaddressed. Afro-descendants in Argentina are mobilizing to be measured in the census. They are also raising awareness among the public about how many Argentines have African ancestry. Recognition is the first step towards measuring, and then addressing, existing disparities.